Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Filing at a Glance

Companies: EMC Property & Casualty Company, EMCASCO Insurance Company, Employers Mutual Casualty

Company, Union Insurance Company of Providence

Product Name: Commercial Auto SERFF Tr Num: EMCC-125637705 State: Arkansas

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto Co Tr Num: AR-CA-2008-05 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Jo Byers Disposition Date: 05/12/2008

Date Submitted: 05/07/2008 Disposition Status: Approved

Deemer Date:

Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008

07/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 05/12/2008
State Status Changed: 05/12/2008
Correct and in a Filing Tracking Number:

Corresponding Filing Tracking Number:

Filing Description:

May 7, 2008

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

SERFF Tracking Number: EMCC-125637705 State: Arkansas First Filing Company: State Tracking Number: EFT \$50 EMC Property & Casualty Company, ...

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number:

Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY - 062-21415 EMCASCO INSURANCE COMPANY - 062-21407 UNION INSURANCE COMPANY OF PROVIDENCE - 062-21423 EMC PROPERTY & CASULATY COMPANY - 062-25186 Commercial Auto Form Filing

Introduce New Companies

Company File # AR-CA-2008-05

Effective: July 1, 2008

We are pleased to introduce Union Insurance Company of Providence and EMC Property & Casualty Company. These companies are members of the EMC Insurance Companies group. We currently have the Commercial Auto program on file with your department under Employers Mutual Casualty Company and EMCASCO Insurance Company. These new companies will be available for policies written on or after July 1, 2008.

The decision to introduce these new companies is based on the competitive market place and will allow us to compete on a more competitive level. Our currently filed forms and endorsements for this program will be applicable to Union and EMC P&C. A listing of our currently filed forms and endorsements is attached.

Our Commercial Auto and Garage declarations and schedules have been amended to include all state specific wording required for all the states. By doing so, we have created countrywide declarations and schedules, which will be applicable in all states. Only the specific state wording applicable in your state will be displayed when a policy is issued.

Furthermore, we have revised our declarations and schedules to only display one policy Uninsured/Underinsured limit and premium charge rather than showing a per vehicle limit and per vehicle premium charge. The Uninsured and Underinsured sections have been blocked out so premiums will no longer be entered on individual vehicles. In addition, the declarations and schedules will now display all Uninsured and Underinsured variations. The coverages and the corresponding premiums are not being revised, only the text on the declarations. We have created a new declaration to display the Uninsured/Underinsured state, limit, and premium. CA7093 (4-08) and CA7093A (4-08) Commercial Auto Declarations, Item 2 are attached.

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number:

We are also introducing endorsement CA7313 (10-01) Prejudgment Interest. This endorsement clarifies that prejudgment interest is included under the supplementary payments section of the policy. We believe that previously it was not clear how this coverage should be addressed under the auto policy. There is no additional charge for this coverage.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, Form Memorandum, Marked up Forms, Forms List, and final printed copies of our endorsements.

We respectfully request your approval of this filing, to be applicable to policies written on or after July 1, 2008. Thank you.

Jo L. Byers, Filings Analyst Rates and Filings Dept. (800) 247-2128 Ext. 2707 jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst Jo.L.Byers@EMCIns.com
PO Box 712 (800) 247-2128 [Phone]
Des Moines, IA 50306-0712 (515) 345-2223[FAX]

Filing Company Information

EMC Property & Casualty Company CoCode: 25186 State of Domicile: Iowa 717 Mulberry Street Group Code: 62 Company Type: P & C Des Moines, IA 50309 Group Name: State ID Number:

(800) 247-2128 ext. [Phone] FEIN Number: 63-0329091

EMCASCO Insurance Company CoCode: 21407 State of Domicile: Iowa 717 Mulberry Street Group Code: 62 Company Type: P & C Des Moines, IA 50309 Group Name: State ID Number:

(800) 247-2128 ext. [Phone] FEIN Number: 42-6070764

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa 717 Mulberry Street Group Code: 62 Company Type: P & C Des Moines, IA 50309 Group Name: State ID Number:

(800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

Union Insurance Company of Providence

717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

CoCode: 21423 State of Domicile: Iowa
Group Code: 62 Company Type: P & C
Group Name: State ID Number:

FEIN Number: 05-0230479

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION # **EMC Property & Casualty Company** \$0.00 05/07/2008 \$0.00 **EMCASCO Insurance Company** 05/07/2008 **Employers Mutual Casualty Company** \$50.00 05/07/2008 20141098 Union Insurance Company of Providence \$0.00 05/07/2008

 SERFF Tracking Number:
 EMCC-125637705
 State:
 Arkansas

 First Filing Company:
 EMC Property & Casualty Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/12/2008	05/12/2008

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Disposition

Disposition Date: 05/12/2008

Effective Date (New): 07/01/2008 Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

 SERFF Tracking Number:
 EMCC-125637705
 State:
 Arkansas

 First Filing Company:
 EMC Property & Casualty Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
	Casualty		
Supporting Document	Memorandum	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Marked up forms	Approved	Yes
Form	Commercial Auto Declarations	Approved	Yes
Form	Item Three Schedule of Covered Autos	Approved	Yes
	You Own		
Form	Garage Declarations	Approved	Yes
Form	Garage Supplementary Schedule	Approved	Yes
Form	Commercial Auto Declarations	Approved	Yes
Form	Item Three Schedule of Covered Autos	Approved	Yes
	You Own		
Form	Garage Coverage Form Declarations	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Commercial Auto Declarations Item Two	Approved	Yes
Form	Commercial Auto Declarations Item Two	Approved	Yes
Form	Prejudgment Interest	Approved	Yes

 SERFF Tracking Number:
 EMCC-125637705
 State:
 Arkansas

 First Filing Company:
 EMC Property & Casualty Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Declarations	CA7000	4-08	Declaration Replaced s/Schedule	Replaced Form #	:0.00	CA7000_200 804.pdf
					Previous Filing #:		
Approved	Item Three Schedule of	CA7001	4-08	Declaration Replaced s/Schedule	Replaced Form #	:0.00	CA7001_200 804.pdf
	Covered Autos You Own				Previous Filing #:		
Approved	Garage Declarations	CA7010	4-08	Declaration Replaced s/Schedule	Replaced Form #	:0.00	CA7010_200 804.pdf
					Previous Filing #:		
Approved	Garage Supplementary	CA7015	4-08	Declaration Replaced s/Schedule	Replaced Form #	:0.00	CA7015_200 804.pdf
	Schedule				Previous Filing #:		
Approved	Commercial Auto Declarations	CA7000A	4-08	Declaration Replaced s/Schedule	Replaced Form #	:0.00	CA7000a_20 0804.pdf
					Previous Filing #:		
Approved	Item Three	CA7001A	4-08	Declaration Replaced	Replaced Form #	:0.00	CA7001a_20
	Schedule of			s/Schedule	Dravious Filipa #		0804.pdf
	Covered Autos You Own				Previous Filing #:		
Approved	Garage Coverage	eCA7010A	4-08	Declaration Replaced	Replaced Form #	:0.00	CA7010a_20
	Form			s/Schedule	D		0804.pdf
Ammunicad	Declarations	C	4.00	Declaration Deplement	Previous Filing #:		CA7045a 20
Approved	Garage	CA7015A	4-08	Declaration Replaced s/Schedule	Replaced Form #	:0.00	CA7015a_20
	Declarations			s/scriedule	Previous Filing #:		0804.pdf
Approved	Commercial Auto	CA7093	4-08	Declaration New	r revious r illing #.	0.00	CA7093_200
прротос	Declarations Item		4-00	s/Schedule		0.00	804.pdf
	Two						
Approved	Commercial Auto	CA7093A	4-08	Declaration New		0.00	CA7093a_20
	Declarations Item Two	1		s/Schedule			0804.pdf
Approved	Prejudgment	CA7313	10-01	Endorseme New			CA7313_200

SERFF Tracking Number: EMCC-125637705 State: Arkansas

First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number:

Interest nt/Amendm 110.pdf

ent/Conditi

ons

	CC	DMMERCIAL AU	TO DE	CLARATION	S	PRIOR POL. NO.	
☐ TRUCKERS C	☐ BUSINESS AUTO COVERAGE FORM ☐ TRUCKERS COVERAGE FORM ☐ MOTOR CARRIER COVERAGE FORM TEM ONE					R	
Policy Period	From:(12:01 AM S	tandard Time at You	To: ur Mailing	Address Show	n Below)		
Named Insured							
Mailing Address							
The Named Insu	red is 🛮 Individua	I ☐ Corporation	□ Partne	rship Joint	Venture	□ Other	
In return for the p insurance as stat	•	ium and subject to a	ll terms of	this policy, we	agree with	you to prov	vide the
Producer							
		EMC Insura	nce C	ompanie	s		
□ Em	ployers Mutual Cas	sualty Company		□ Dakota	Fire Insur	ance Comp	oany
□ EM	CASCO Insurance	Company		☐ Illinois	EMCASCO	O Insurance	e Company
□ Uni	on Insurance Comp	cany of Providence		☐ EMC P	roperty & 0	Casualty C	ompany
		☐ Hamilton Mutu	al Insurar	ice Company			
	(Covera	age Provided by the	Company	/ Designated 🗷	Above)		
	RENDORSEMENT	S		\$			
*ESTIMATED T	OTAL PREMIUM			\$			
*This policy may	be subject to final	audit.					
Premium showr	n is payable: \$		at inc	eption.			
AUDIT PERIOD	(IF APPLICABLE)	☐ ANNUALLY	□ SEMI-	ANNUALLY	□ QUAR1	ΓERLY	☐ MONTHLY
IL 00 17 – Co		THIS POLICY: aditions (IL 01 46 in Exclusion (Not Ap					

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
OPTIONAL BASIC ECONOMIC LOSS		\$	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS (Including Underinsured Motorists)		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
UNINSURED AND UNDERINSURED MOTORISTS		\$	\$
UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE		\$ EACH ACCIDENT	\$
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS**		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE	_	ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$

TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE	ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE	ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR	See Schedule for limit for each disablement of a private passenger auto.	\$
		\$
	NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE	\$
	AUTOMOBILE THEFT PREVENTION AUTHORITY FEE (SEE ENCLOSED EXPLANATION)	\$
	PREMIUM FOR ENDORSEMENTS	\$
	*ESTIMATED TOTAL PREMIUM	\$
L		

^{*}This policy may be subject to final audit.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "8" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

^{**}The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

POLICY NUMBER:	
FULICT NUMBER.	

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION				PURCHASED				TEI	RRITORY
Covered Auto No.	Year, Serial I	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)			Origir Cost N		Actua Cost (NEW (USED (& N)	WI Cov Will Be	n & State nere The ered Auto e Principally araged
1				\$			\$			
2				\$			\$			
3				\$			\$			
4				\$			\$			
5				\$			\$			
		1	CLASSIFICA	NOITA	1		1			
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Rat	nary ting ctor Phy. Dam.	Secondary Rating Factor	Code	Towing Dama Paya And Payee N As Interpretation	CEPT For , All Physical age Loss Is ble To You The Loss Named Below erests May At the Time The Loss.
4 5										
Covered Auto No.		or limit entr	PREMIUMS, LIMI y in any column be corresponding	oelow r	neans t	hat the	limit or dec	luctible	leductible entry	e
	LI	ABILITY	PERSONA PROTE	L INJU	RY		DED P.I.P.	PROI	PERTY P (Michiga	ROTECTION n Only)
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Pre	mium	Ea P.	it Stated In ch Added I.P. End. remium	Stated In Limit n Added In I P. End. End.		Premium
1	\$	\$	\$	\$		\$		\$		\$
2	\$	\$	\$	\$		\$		\$	-	\$
3	\$	\$	\$	\$		\$		\$		\$
4	\$	\$	\$	\$		\$		\$		\$
5	\$	\$	\$	\$		\$		\$		\$
Total Premium		\$		\$		\$				\$

POLICY NUMBER:	
----------------	--

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.								
	AUTO MEDICAI	L PAYMEN		UNDERINSURED ORISTS	SUPPLEMENTARY UNINSURED/UNDERINSURE MOTORISTS*			
	Limit	Premiu	m					
1	\$	\$						
2	\$	\$						
3	\$	\$						
4	\$	\$						
5	\$	\$						
Total Premium		\$						
Covered Auto No.		limit entry	PREMIUMS, LIMITS AN in any column below in ecorresponding ITEM	neans that the limit o	r deduct	ible entry	ble	
	OPTIONAL		CONOMIC LOSS			IENSIVE		
	Limit		Premium	Limit Stated I ITEM TWO Minus Deductible Shown		Pr	emium	
1	\$	\$		\$		\$		
2	\$	\$		\$		\$		
3	\$	\$		\$		\$		
4	\$	\$		\$		\$		
5	\$	\$		\$		\$		
Total Premium		\$				\$		

^{*}The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	SPECI	FIED CA	USES O	F LOSS		COLL	ISION	
	Limit Stated ITEM TWO M Deductible Show	inus	Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below		Premium	
1	\$		\$		\$		\$	
2	\$		\$		\$		\$	
3	\$		\$		\$		\$	
4	\$		\$		\$		\$	
5	\$	\$			\$		\$	
Total Premium			\$				\$	
Covered Auto No.	COVI	r limit en	try in any	IUMS, LIMITS AND y column below m responding ITEM	eans that the lim	it or deduc	ctible ent	ctible ry
	TOWING	& LABOR	1				-	
	Limit Per Disablement	Pren	nium					
1	\$	\$						
2	\$	\$		\$	\$	\$		\$
3	\$	\$		\$	\$	\$		\$
4	\$	\$		\$	\$	\$		\$
5	\$	\$		\$	\$	\$		\$
Total Premium		\$			\$			\$

GARAGE DECLARATIONS

	PRIOR POL. NO.	
POLICY NUMBER	₹	

ITEM ONE							
Policy Period	From:(12:01 /	AM S	tandard Time at Yo	To: our Mailing	Address Show	wn Below)	
Named Insured							
Mailing Address							
The Named Insur	ed is 🛮 Indi	vidua	I ☐ Corporation	□ Partne	rship 🗆 Ltd I	Liab. Co. □ Other_	
In return for the insurance as state			emium and subjec	ct to all ter	ms of this po	licy, we agree with y	ou to provide the
Producer							
		4	TEMC In	suran	ce Comp	anies	
□ EM	CASCO Insura on Insurance (ance Comp	sualty Company Company cany of Providence ☐ Hamilton Mu age Provided by th	tual Insura	☐ Illinois ☐ EMC nce Company		ce Company
PREMIUM FOR	ENDORSEM	ENT	S		\$		
*ESTIMATED TO	OTAL PREMIL	JM			\$		
*This policy may	be subject to	final	audit.				
Premium shown	is payable:	\$		at inc	eption.		
AUDIT PERIOD (IF APPLICABLE)		☐ ANNUALLY	□ SEMI-	ANNUALLY	□ QUARTERLY	□ MONTHLY	
	mmon Policy	Con	THIS POLICY: aditions (IL 01 46 i Exclusion (Not A				

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)		PREMIUM		
		"Ga	Accident" rage ations"	Aggregate – "Garage Operations"	\$
LIABILITY		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	-
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		\$ SEPARATELY P.I.P. ENDORS \$	\$		
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY P.I.P. ENDORS	\$		
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY P.P.I. ENDORS \$	\$		
OPTIONAL BASIC ECONOMIC LOSS		\$			\$
MEDICAL PAYMENTS MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)			ENSE \$EAC S	-	\$
UNINSURED AND UNDERINSURED MOTORISTS		\$			\$
UNINSURED MOTORISTS UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

SCHEDULE OF COVERAGES AND CO	VERED AUTOS	Ι φ
SUPPLEMENTARY	\$	\$
UNINSURED/UNDERINSURE		
D MOTORISTS**		
GARAGEKEEPERS	\$ EACH LOCATION MINUS	\$
COMPREHENSIVE	\$ DED. FOR EACH	
COVERAGE	CUSTOMER'S AUTO FOR LOSS CAUSED	
	BY THEFT OR MISCHIEF OR VANDALISM	
	SUBJECT TO \$ MAXIMUM	
	DEDUCTIBLE FOR ALL SUCH LOSS IN	
	ANY ONE EVENT; OR	
GARAGEKEEPERS	\$ EACH LOCATION MINUS	\$
SPECIFIED CAUSES	\$ DED. FOR EACH	_
OF LOSS COVERAGE	CUSTOMER'S AUTO FOR ALL PERILS	
OF EGGG GGVERVIGE	SUBJECT TO \$ MAXIMUM	
	DEDUCTIBLE FOR ALL SUCH LOSS IN	
	ANY ONE EVENT	
CADACEKEEDEDS		c
GARAGEKEEPERS	_ ·	\$
COLLISION COVERAGE	\$ DED. FOR EACH	
	COVERED AUTO.	
PHYSICAL DAMAGE	ACTUAL CASH VALUE OR COST	\$
COMPREHENSIVE	OF REPAIR, WHICHEVER IS LESS, MINUS	
COVERAGE	\$ DED. FOR EACH COVERED	
	AUTO, BUT NO DEDUCTIBLE APPLIES TO	
	LOSS CAUSED BY FIRE OR LIGHTNING.	
	See Supplementary Schedule For Dealers	
	"Autos" And "Autos" Held For Sale By Trailer	
	Dealers And Non-Dealers.	
PHYSICAL DAMAGE	ACTUAL CASH VALUE OR COST	\$
SPECIFIED CAUSES OF	OF REPAIR, WHICHEVER IS LESS, MINUS	
LOSS COVERAGE	\$ DED. FOR EACH COVERED	
	AUTO FOR LOSS CAUSED BY MISCHIEF	
	OR VANDALISM.	
	See Supplementary Schedule For Dealers	
	"Autos" And "Autos" Held For Sale By Trailer	
	Dealers And Non-Dealers.	
PHYSICAL DAMAGE	ACTUAL CASH VALUE OR COST OF	\$
COLLISION COVERAGE		Ψ
COLLISION COVERAGE	REPAIR, WHICHEVER IS LESS, MINUS	
	\$ DED. FOR EACH	
	COVERED AUTO.	
	See Supplementary Schedule For Dealers	
	"Autos" And "Autos" Held For Sale By Trailer	
	Dealers And Non-Dealers.	
PHYSICAL DAMAGE TOWING	See Schedule for limit for each disablement of	\$
AND LABOR	a private passenger auto.	
(Non-Dealers Only)		
	NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE	\$
AUTOMOBILE THEFT PREVE	NTION AUTHORITY FEE(SEE ENCLOSED EXPLANATION)	\$
	PREMIUM FOR ENDORSEMENTS	\$
	*ESTIMATED TOTAL PREMIUM	\$
		T

^{*}This policy may be subject to final audit.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

^{**}The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

GARAGE SUPPLEMENTARY SCHEDULE

□ DEALERS' — ITEM NINE (Schedule of Covered Autos which are furnished to someone other than a Class I or II Operator or which are	POLICY NUMBER
insured on a specialized car basis. NON DEALERS' AND TRAILER DEALERS' — ITEM SEVEN	
Named Insured	

ITEM SEVEN

SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION				PURCHASED				TERRITORY
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New		Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged
1				\$			\$		
2				\$			\$		
3				\$			\$		
4				\$			\$		
5				\$			\$		
			CLASSIFIC	ATION					
Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Rat	nary ting ctor Phy. Dam.	Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests
									May Appear At the Time Of The Loss.
1									
2									
3									
4									
5									

Covered Auto No.	corresponding HEM TWO column applies instead.)								
	LIAB	LIABILITY		PROTECTION		PROPERTY PROTECTION (Michigan Only)			
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium		
1	\$	\$	\$	\$	\$	\$	\$		
2	\$	\$	\$	\$	\$	\$	\$		
3	\$	\$	\$	\$	\$	\$	\$		
4	\$	\$	\$	\$	\$	\$	\$		
5	\$	\$	\$	\$	\$	\$	\$		
Total Premium		\$		\$	\$		\$		

Covered	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
Auto No.	AUTO MEDICA	AL PAYMENTS	MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)					
	Limit	Premium	Limited Stated In Each Med. Exp. And	Premium				
			Inc. Loss Ben. End. For Each Person					
1	\$	\$	\$	\$				
2	\$	\$	\$	\$				
3	\$	\$	\$	\$				
4	\$	\$	\$	\$				
5	\$	\$	\$	\$				
Total			\$	\$				
Premium								

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	UNINSURED & UNDERIN	UNINSURED & UNDERINSURED MOTORISTS						
1								
2								
3								
4								
5								
Total Premium								

	COVER	AGES – PREMIUM	S LIMITS AND D	DEDITION ES //	heance of				
			•	•					
	a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	or academor	COMPREHENSIV	SPECIFIED CAUSES OF LOSS						
Covered Auto No.	Limit	Limit Stated In	_	Limit Stated In					
	Stated Amount Only	ITEM TWO Minus Deductible	Premium	ITEM TWO Minus Deductible	Premium				
1	\$	Shown Below	\$	Shown Below \$	\$				
2	\$	\$ \$	\$	\$	\$				
3	\$	\$ \$	\$	\$	\$				
<u> </u>									
•	\$	\$ \$	\$	\$	\$				
<u>5</u>	\$	\$	\$	\$	\$				
Total Premium			\$		\$				
Premium	2 2 1 / 2 2	<u> </u>			<u>. </u>				
Covered	a deduct	ible or limit entry i	elow means that the limit or TWO column applies instead.) TOWING & LABOR						
	Limit	Limit Stated In							
Auto No.	Stated	ITEM TWO Minus	Premium	Limit Per Disablement	Premium				
	Amount Only	Deductible Shown Below		Disablement					
1	Only	Shown Below	\$		\$				
1 2	Only \$	Shown Below	\$	\$	\$ \$				
2	Only \$ \$	Shown Below \$ \$	\$	\$	\$				
-	Only \$	Shown Below \$ \$ \$		\$					
2 3 4	Only \$ \$ \$	Shown Below \$ \$ \$ \$	\$ \$ \$	\$ \$ \$ \$	\$ \$ \$				
2	Only \$ \$ \$ \$ \$	Shown Below \$ \$ \$	\$ \$ \$ \$	\$ \$ \$	\$ \$ \$				
2 3 4 5	Only \$ \$ \$ \$ \$	Shown Below \$ \$ \$ \$	\$ \$ \$	\$ \$ \$ \$	\$ \$ \$				
2 3 4 5 Total	S S S Person or org	Shown Below \$ \$ \$ \$	\$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ urnished (Do				
2 3 4 5 Total Premium Covered	S S S Person or organic include C	Shown Below \$ \$ \$ \$ \$ \$ ganization to which	\$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ \$ urnished (Do				
2 3 4 5 Total Premium Covered Auto No.	S S S Person or organic include C	Shown Below \$ \$ \$ \$ \$ \$ ganization to which	\$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ urnished (Do				
2 3 4 5 Total Premium Covered Auto No.	S S S Person or organic include C	Shown Below \$ \$ \$ \$ \$ \$ ganization to which	\$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ urnished (Do				
2 3 4 5 Total Premium Covered Auto No.	S S S Person or organic include C	Shown Below \$ \$ \$ \$ \$ \$ ganization to which	\$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ urnished (Do				

CONTINUED

9X99999 YY99

PRIOR POL NO: XXX-XX-XX

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM (MOTOR CARRIER)

POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY * POLICY NUMBER * * 9 x 9 - 9 9 - -88 * ITEM ONE: NAMED INSURED: PRODUCER: ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE COMMERCIAL AUTO COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. .\$X,XXX,XXX.XX BODILY INJURY LIABILITY XXXXXXXXXX \$XX,XXX,XXX EACH PERSON .\$X,XXX,XXX \$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX (BI) DEDUCTIBLE . PROPERTY DAMAGE LIAB. XXXXXXXXXXX \$XX,XXX,XXX EACH ACCIDENT.\$X,XXX,XXX.XX MEDICAL EXPENSE AND INCOME LOSS BENEFITS \$XX,XXX PD DEDUCTIBLE . SEPARATELY STATED IN EACH. \$X, XXX, XXX.XX MEDICAL EXPENSE & INCOME . LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS . \$XX,XXX EACH PERSON INCOME LOSS BENEFITS

UNINSURED MOTORISTS XXXXXXXXXX SEE ENDORSEMENT CA7093A . X,XXX,XXX.XX (INCL. UNDERINSURED MOTORISTS) UNINSURED MOTORISTS XXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX UNINSURED MOTORISTS BI XXXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX \$XX,XXX,XXX EACH ACCIDENT. SUPPLEMENTARY** XXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX UNINSURED/UNDERINSURED \$XX,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX MOTORISTS XXXXXXXXXXX \$XX,XXX,XXX UNINSURED AND UNDER-INSURED MOTORISTS . X,XXX,XXX.XX UNINSURED MOTORISTS PD XXXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX,XXX

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DATE OF ISSUE: MM/DD/YY

CA7800A 4-08

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PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

UNINSURED AND UNDER- XXXXXXXXXXX \$XX,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX INSURED MOTORISTS PD UNDERINSURED MOTORISTS XXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX (WHEN, NOT INCLUDED IN UM COV) UNDERINS. MOTORISTS BI XXXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX,XX (WHEN NOT INCLUDED IN UM COV) \$X,XXX,XXX EACH ACCIDENT . UNDERINSURED MOTORISTS PD XXXXXXXXXX \$ X,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX TRAILER INTER COMP. XXXXXXXXXXX " X,XXX,XXX"XX XXXXXXXXXX SEE SCHEDULE FOR DED. . X,XXX,XXX.XX TRAILER INTERCHANGE SPEC. CAUSES OF LOSS TRAILER INTER COLL. XXXXXXXXXXX \$X,XXX DEDUCTIBLE . X,XXX,XXX.XX XXXXXXXXXX SEE ITEM THREE FOR DED. . X,XXX,XXX.XX COMPREHENSIVE FOR ALL LOSS EXCEPT FIRE OR LIGHTNING. SPECIFIED CAUSES XXXXXXXXXX SEE ITEM THREE FOR DED. . X,XXX,XXX.XX OF LOSS FOR LOSS CAUSED BY MISCHIEF OR VANDALISM XXXXXXXXXX SEE SCHEDULE FOR DED. COLLISION .. X,XXX,XXX.XX TOWING AND LABOR XXXXXXXXXX SEE SCHEDULE FOR LIMIT FOR. X,XXX,XXX.XX EACH DISABLEMENT OF A

PREMIUM FOR ATTACHED ITEMS 4, 5, AND/OR 6. X,XXX,XXX.XX

PRIVATE PASSENGER AUTO

MOTOR VEHICLE LAW ENFORCEMENT FEE. X.XXX.XXX.XX

PREMIUM FOR ENDORSEMENTS .\$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS SURCHARGE . X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM.\$X,XXX,XXX

BALANCE TO MINIMUM .\$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX

LA. PREMIUM DISCOUNT . X,XXX,XXX.XX

KENTUCKY SURCHARGE . X,XXX,XXX.XX

KENTUCKY MUNICIPAL TAX . X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 . X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . X,XXX,XXX.XX

MIGA SURCHARGE . X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

CA7000A 4-08 MM/DD/YY UND ID 9X99999 YY99

ACCOUNT NAMEXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

POLICY NUMBER: 9X9-99-99---YY

AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX

(SEE ENCLOSED EXPLANATION)

MN AUTOMOBILE THEFT PREVENTION . X,XXX,XXX.XX

FHCF EMERGENCY ASSESSMENT . X,XXX,XXX.XX

**ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

**THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

FORMS APPLICABLE: IL0021(11/85),XXXXXXX(XX/XX),XXXXXXX(XX/XX), (XXXXXX, (XXXXX, (XXXXX), XXXXXXX, (XXXXX), (XXXXXX, (XXXXXX, (XXXXXX), XXXXXXX) (XXXXXX, (XX/XX), XXXXXXX, (XX/XX), XXXXXXX, (XX/XX), XXXXXXX, (XX/XX)

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. X,XXX,XXX.XX

" X 'XXX 'XXX "XX

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM

(MOTOR CARRIER)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS) LIABILITY \$X,XXX,XXX BODILY INJURY LIABILITY \$X,XXX,XXX EACH PERSON \$X,XXX,XXX EACH ACCIDENT \$X.XXX.XXX EACH ACCIDENT PROPERTY DAMAGE LIAB. MEDICAL PAYMENTS MEDICAL EXPENSE AND SEPARATELY STATED IN EACH INCOME LOSS BENEFITS MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS SXX,XXX EACH PERSON UNINSURED MOTORISTS (INCLUDING UNDERINSURED MOTORISTS) UNINSURED MOTORISTS SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS UNDERINGURED MOTORISTS UNDERINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE VEHICLE DESCRIPTION / COVERAGE LOC XXX 123456789012345678901234567890 123456789012345678901234567890 1234567890123456789012345 XX. XXXXX-XXXX TOWN TAX: XXXX VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX. XXXX 123456789012 1234567890 1234567890 ID NO 12345678901234567. COST NEW: 1234567 AGE: 1 RADIUS: 1234567890123 USE: 12345678901. ZONE: 12345 COVERAGE NAME & MISC INFORMATION . \$X,XXX,XXX.XX \$X,XXX,XXX LIABILITY .\$X,XXX,XXX.XX BODILY INJURY LIABILITY \$X,XXX,XXX EACH PERSON = . \$X , XXX , XXX . XX \$X,XXX,XXX EACH ACCIDENT \$X,XXX,XXX EACH ACCIDENT .\$X,XXX,XXX.XX PROPERTY DAMAGE LIAB. PIP XXXXX DED . X,XXX,XXX.XX ADDL PIP XXXXX DED . X,XXX,XXX.XX . X /XXX , XXX . XX PPI XXXXX DED BASIC REPARATIONS BENEFITS $X^{-} \times Y^{-} \times \times X^{-} \times X^$

MEDICAL PAYMENTS

MEDICAL EXPENSE AND

INCOME LOSS BENEFITS

DATE OF ISSUE: MM/DD/YY CONTINUED
CA7001A 4-08 MM/DD/YY UND ID 9X99999 YY99

SEPARATELY STATED IN EACH

MEDICAL EXPENSE & INCOME

■ EMCInsurance Companies EPAGE XX COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY UNINSURED MOTORISTS INCLUDED (INCLUDING UNDERINSURED MOTORISTS) UNINSURED MOTORISTS INCLUDED INCLUDED SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD INCLUDED UNINSURED AND UNDERINSURED INCLUDED MOTORISTS UNDERINSURED MOTORISTS . INCLUDED UNDERINSURED MOTORISTS PD . INCLUDED UNINSURED AND UNDERINSURED . INCLUDED MOTORISTS PROPERTY DAMAGE XXXXX DED COMPREHENSIVE XXXXXX . X,XXX,XXX.XX STATED AMOUNT - SEE FORM XXXXXXXXXXXXX SPEC. CAUSES OF LOSS XXX XXXXXXX XXXXXX DED -X,XXX,XXX.XX STATED AMOUNT - SEE FORM XXXXXXXXXXXXX COLLISION (BROAD/LIM) XXXXXX XXXXX DED -X,XXX,XXX.XX STATED AMOUNT - SEE FORM XXXXXXXXXXXXXX \$XXX LIMIT EACH DISABLEMENT . X,XXX,XXX.XX TOWING AND LABOR VEHICLE ENDORSEMENTS: SOUND RECEIVING AND TRANSMITTING EQUIPMENT . X,XXX,XXX.XX TAPES AND RECORDS . X,XXX,XXX.XX -×,×××,×××.x× RENTAL REIMBURSEMENT COVERAGE MAXIMUM PAYMENT ANY ONE DAY NO. OF DAYS ANY ONE PERIOD. COMPREHENSIVE XXXX . X,XXX,XXX.XX XXXXXXXXXX x, x, x, x, xSPEC. CAUSES LOSS XXX XXXXXXX . X,XXX,XXX.XX COLLISION XXXXXXEXTRAORDINARY MEDICAL BENEFITS COVERAGE .. X,XXX,XXX.XX

REPEAT THE ABOVE FOR EACH VEHICLE

N.C.R.F. ASSESSMENT RECOUP

SOUTH CAROLINA RECOUPMENT

MN FIRE INS SURCHARGE

WAIVER OF COLLISION DEDUCTIBLE
MISCELLANEOUS VEHICLE ENDORSEMENTS

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE

TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE

PREMIUM SUMMARY (EXCLUDING VEHICLE ENDORSEMENTS)

LIABILITY

BODILY INJURY
PROPERTY DAMAGE

. X,XXX,XXX.XX
. X,XXX,XXX.XX

" X,XXX,XXX"XX

. X,XXX,XXX.XX . X,XXX,XXX.XX

. X,XXX,XXX.XX . X,XXX,XXX.XX

.. X,XXX,XXX.XX

TOTAL VEHICLE PREMIUM .\$X,XXX,XXX.XX

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DATE OF ISSUE: MM/DD/YY

CA7001A 4-08 MM/DD/YY UND ID 9X99999 YY99

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COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
PIP ADDL PIP PPI	. X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS MEDICAL PAYMENTS MEDICAL EXPENSE AND INCOME LOSS BENEFITS	. X,XXX,XXX.XX . X,XXX,XXX.XX
UNINSURED MOTORISTS (INCLUDING UNDERINSURED MOTORISTS) UNINSURED MOTORISTS	. X,XXX,XXX.XX
SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD	. X,XXX,XXX.XX
UNINSURED AND UNDERINSURED MOTORISTS UNDERINSURED MOTORISTS	. ×,×××,×××.×× . ×,×××,×××.
UNDERINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COMPREHENSIVE	. INCLUDED . X,XXX,XXX.XX
SPECIFIED CAUSES OF LOSS COLLISION TOWING AND LABOR	. X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE N.C.R.F. ASSESSMENT RECOUP SOUTH CAROLINA RECOUPMENT VEHICLE ENDORSEMENTS TEXAS PREMIUM DISCOUNT	. X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX
LA. PREMIUM DISCOUNT TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE MN FIRE INS SURCHARGE	. X,XXX,XXX.XX . X,XXX,XXX.XX
TOTAL	\$X,XXX,XXXXX
PREMIUM FOR CHANGES	. \$X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP SOUTH CAROLINA RECOUP CA GUAR. ASSOC. RECOUP KENTUCKY SURCHARGE KENTUCKY MUNICIPAL TAX MIGA SURCHARGE TEXAS PREMIUM DISCOUNT LA. PREMIUM DISCOUNT	.\$X,XXX,XXX.XX .\$X,XXX,XXX.XX .\$X,XXX,XXX.XX .\$X,XXX,XXX.XX .\$X,XXX,XXX.XX .\$X,XXX,XXX.XX
TEXAS AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	.\$X,XXX,XXX.XX
TOTAL PREMIUM FOR CHANGES	.\$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

DATE OF ISSUE: MM/DD/YY

GARAGE COVERAGE FORM DECLARATIONS * POLICY NUMBER * POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY * 9 X 9 - 9 9 - 9 9---99 * The star still from one was some some and some one was now was true and one was not one was true and the ITEM ONE: NAMED INSURED: PRODUCER: AGENCY (DIRECT) BILL AGENT PHONE: (999)999-9999 . H. (ear neel 170 (181) (191) (190) (105 ears nell 191) 1996 (41) 1994 (41) 2014 (41) 2014 (41) ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS". COVERED AUTOS LIMITS/DEDUCTIBLES COVERAGES "PREMIUM LIABILITY EACH "ACCIDENT" . \$X,XXX,XXX.XX XXXXXXXXXX "GARAGE OPERATIONS" \$XX,XXX,XXX "AUTO" ONLY \$XX,XXX,XXX OTHER THAN "AUTO" ONLY \$XX,XXX,XXX AGGREGATE 'GARAGE OPERATIONS' OTHER THAN "AUTO" ONLY \$XX,XXX BI DEDUCTIBLE \$XX,XXX PD DEDUCTIBLE MEDICAL EXPENSE AND SEPARATELY STATED IN EACH. X,XXX,XXX.XX MEDICAL EXPENSE & INCOME . INCOME LOSS BENEFITS LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS . \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON . X,XXX,XXX.XX PERSONAL INJURY PROT. XXXXXXXXXX SEE ENDORSEMENT ADDED PERS. INJ. PROT XXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX . X,XXX,XXX.XX XXXXXXXXXX SEE ENDORSEMENT BROADENED PIP XXXXXXXXXX \$X,XXX DEDUCTIBLE PROPERTY PROTECTION OPTIONAL BASIC ECONOMIC LOSS XXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX MEDICAL PAYMENTS INS. XXXXXXXXXXX \$XX,XXX . X,XXX,XXX.XX DEATH BENEFITS XXXXXXXXXX SEE ENDORSEMENT TOTAL DISABILITY XXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX

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-PAGE-XX				
- CŐMPANY NAMEXXXXXXXXXX		XXXXXXXXX POLICY NUMB FF. DATE: MM/DD/YY EXP. DA		
UNINSURED MOTORISTS (INCL. UNDERINSURED MOTORISTS)	×××××××××	SEE ENDORSEMENT CA7093A .	x,xxx,xxx.xx	
UNINSURED MOTORISTS UNINSURED MOTORISTS BI		\$XX,XXX,XXX EACH PERSON .	X , XXX , XXX XX X , XXX , XXX XX	
SUPPLEMENTARY** UNINSURED/UNDERINSURED MOTORISTS	xxxxxxxxx	\$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX,XXX EACH PERSON . \$XX,XXX,XXX EACH ACCIDENT.		
UNINSURED AND UNDER- INSURED MOTORISTS	XXXXXXXXXX	\$XX,XXX,XXX.	X , XXX , XXX , XX	
UNINSURED MOTORISTS PD UNINSURED AND UNDER- INSURED MOTORISTS PD		SEE ENDORSEMENT . \$XX,XXX,XXX EACH ACCIDENT.	X,XXX,XXX.XX X,XXX,XXX.XX	
UNDERINSURED MOTORISTS (WHEN NOT INCLUDED IN U		\$XX,XXX,XXX	×,×××,×××.××	
	XXXXXXXXXXX M COV)	\$XX,XXX,XXX EACH PERSON . \$X,XXX,XXX EACH ACCIDENT .	×,×××,×××.××	
	XXXXXXXXXXX	\$X,XXX,XXX EACH ACCIDENT .	×,×××,×××.××	
GARAGEKEEPERS INSURANCE COMPREHENSIVE SPECIFIED CAUSES OF LOSS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SEE ITEM FOUR (ATTACHED). SEE ITEM FOUR (ATTACHED).	×,×××,×××.×× ×,×××,×××.××	
COLLISION	XXXXXXXXXX	SEE ITEM FOUR (ATTACHED).	\times , \times \times , \times \times \times	
PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).				
COMPREHENSIVE	×××××××××	SEE ITEM XXXXX FOR DED FOR ALL LOSS EXCEPT FIRE . OR LIGHTNING	×,×××,×××.××	
SPECIFIED CAUSES OF LOSS	XXXXXXXXXXX	SEE ITEM XXXXX FOR DED FOR LOSS CAUSED BY . MISCHIEF OR VANDALISM.	x,xxx,xxx.xx	
COLLISION TOWING AND LABOR				

PAGE XX

PREMIUM FOR ITEM 6 .\$X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS .\$x,xxx,xxx.xx

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT .\$X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM .\$X,XXX,XXX.XX

NY MOTOR VEHICLE LAW ENFORCEMENT FEE .\$X,XXX,XXX.XX

BALANCE TO MINIMUM .\$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 .\$X,XXX,XXX

CA GUAR. ASSOC. RECOUP. .\$X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION .\$X,XXX,XXX.XX

TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE .\$X,XXX,XXX.XX

(SEE ENCLOSED EXPLANATION)

FHCF EMERGENCY ASSESSMENT .\$X,XXX,XXX.XX

*ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

DEPOSIT PREMIUM .. \$x, xxx, xxx.xx

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

**THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

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COUNTERSIGNED BY:

CA7010A 4-08

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POLICY NUMBER: 9X9-99-99 ACCOUNT NAMEXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

**GARAGE DECLARATIONS - DEALERS'

NON-DEALERS' AND TRAILER DEALERS' COVERAGE FORM** ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS ITEM SEVEN - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS) LIABILITY \$X,XXX,XXX BODILY INJURY LIABILITY \$X,XXX,XXX EACH PERSON \$X,XXX,XXX EACH ACCIDENT PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT MEDICAL PAYMENTS MEDICAL EXPENSE AND SEPARATELY STATED IN EACH INCOME LOSS BENEFITS MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON UNINSURED MOTORISTS (INCLUDING UNDERINSURED MOTORISTS) UNINSURED MOTORISTS BI UNINSURED MOTORISTS BI AND PD SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD UNINSURED AND UNDERINGURED MOTORISTS UNDERINSURED MOTORISTS BI UNDERINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE VEHICLE DESCRIPTION / COVERAGE . PREMIUM LOC: XXX ADDRESS LINE 1XXXXXXXXXXXXXX ADDRESS LINE 2XXXXXXXXXXXXXXX VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX. YEAR MAKEXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567. COST NEW: XXXXXXX AGE: X RADIUS: XXXXXXXXXXX USE: XXXXXXXXXX. ZONE: XXXXX. .\$X,XXX,XXX.XX \$X,XXX,XXX LIABILITY \$X,XXX,XXX EACH PERSON BODILY INJURY LIABILITY . X,XXX,XXX.XX \$X,XXX,XXX EACH ACCIDENT . X , XXX , XXX . XX . X,XXX,XXX.XX PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT pyp XXXXX DED . X,XXX,XXX.XX FIRST PARTY BENEFITS . X,XXX,XXX.XX XXXXX DED XXXXX DED BASIC REPARATIONS _ . _ X , XXX , XXX . XX ADDED PIP . X,XXX,XXX.XX

DATE OF ISSUE: MM/DD/YY

CA7015A 4-08

BROADENED PIP

ADDED FIRST PARTY BEN. ADDED REPARATION BENEFITS

> (CONTINUED) UND

MMZDDZYY

" X,XXX,XXX"XX

. X,XXX,XXX.XX

. X,XXX,XXX.XX

EMCInsurance Companies

PAGE XX POLICY NUMBER: 9X9-99-99 ACCOUNT NAMEXXXXXXXXXXXXXXXXXX EFF, DATE: MM/DD/YY EXP, DATE: MM/DD/YY BROADENED FIRST PARTY BEN. . X,XXX,XXX.XX - × , ××× , ××× .. ×× BROADENED REPARATION BENEFITS COMB, FIRST PARTY BEN. . X,XXX,XXX.XX ACCIDENTAL DEATH BEN. . X,XXX,XXX.XX .. X,XXX,XXX.XX WORK LOSS COVERAGE XXXXX DED . X , XXX , XXX . XX OPTIONAL BASIC ECONOMIC X,XXX,XXX.XX \$X,XXX,XX 1.055 MEDICAL PAYMENTS \$XXXXX X,XXX,XXX.XX MEDICAL EXPENSE AND SEPARATELY STATED IN EACH X, XXX, XXX.XXINCOME LOSS BENEFITS MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON UNINSURED MOTORISTS INCLUDED (INCLUDING UNDERINSURED MOTORISTS) UNINSURED MOTORISTS INCLUDED SUPPLEMENTARY* UNINSURED INCLUDED UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD INCLUDED UNINSURED AND UNDERINSURED INCLUDED MOTORISTS UNDERINSURED MOTORISTS BI INCLUDED UNDERINSURED MOTORISTS PD INCLUDED UNINSURED AND UNDERINSURED INCLUDED MOTORISTS PROPERTY DAMAGE ACV XXXXX DED COMPREHENSIVE -. X,XXX,XXX.XX COMPREHENSIVE XXXXXX XXXXX DED X,XXX,XXX.XX STATED AMOUNT - SEE FORM XXXXXXXXXXXX . X , XXX , XXX . XX SPEC. CAUSES OF LOSS XXX XXXXXXX XXXXXX DED STATED AMOUNT - SEE FORM XXXXXXXXXXXXX .. X,XXX,XXX.XX XXXXX DED . X,XXX,XXX.XX COLLISION ACV . X,XXX,XXX.XX COLLISION (BROADENED) ACV XXXXX DED COLLISION (LIMITED) ACV XXXXX DED . X,XXX,XXX.XX COLLISION XXXXXX XXXXX DED STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX COLLISION (BROADENED) XXXXXX XXXXX DED ..\$X,XXX,XXX.XX STATED AMOUNT - SEE FORM XXXXXXXXXXXX COLLISION (LIMITED) XXXXXXX XXXXX DED \times , \times STATED AMOUNT - SEE FORM XXXXXXXXXXXX TOWING AND LABOR \$XXX LIMIT PER DISABLEMENT . X,XXX,XXX.XX VEHICLE ENDORSEMENTS: X,XXX,XXX.XX WAIVER OF COLLISION DEDUCTIBLE . X,XXX,XXX.XX SOUND RECEIVING AND TRANSMITTING EQUIPMENT TAPES AND RECORDS . X,XXX,XXX.XX RENTAL REIMBURSEMENT X,XXX,XXX,XX MAXIMUM PAYMENT COVERAGE ANY ONE DAY NO. OF DAYS ANY ONE PERIOD. XXX XXXX \times , \times COMPREHENSIVE XXX SPEC. CAUSES OF LOSS XXX XXXXXXX . X,XXX,XXX.XX XXXXXXX . X,XXX,XXX.XX COLLISION XXX EXTRAORDINARY MEDICAL BENEFITS COVERAGE . X,XXX,XXX.XX X, XXX, XXX.XXPROPERTY DAMAGE BUYBACK . X,XXX,XXX.XX LEASING OR RENTAL CONCERNS OTHER COVERAGESXXXXXXXXXX . X, XXX, XXX . XX (CONTINUED) DATE OF ISSUE: MM/DD/YY UND CA7015A 4-08 MMZDDZYY XX

DATE OF ISSUE: MM/DD/YY CA7015A 4-08 **EMC**Insurance Companies

PAGE XX	FIAIS III2 III O TO THE COMPANIES
COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POLICY NUMBER: 9X9-99-99 YY EXP. DATE: MM/DD/YY
N.C.R.F. ASSESSMENT RECOUP MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSE TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE MN FIRE INS SURCHARGE	. X,XXX,XXX.XX . X,XXX,XXX.XX
TOTAL VEHICL LIABILITY \$X,XXX,XXX BODILY INJURY LIABILITY \$X,XXX,XXX EACH PER \$X,XXX,XXX EACH ACC PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACC	E PREMIUM . X,XXX,XXX.XX
PIP XXXXX DED OPTIONAL BASIC ECONOMIC \$X,XXX,XX	. x,xxx,xxx.xx . x,xxx,xxx.xx
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ANY ONE DAY NO. OF DAYS AND COMPREHENSIVE XXX XXX SPEC. CAUSES OF LOSS XXX XXX COLLISION XXX XXX LEASING OR RENTAL CONCERNS OTHER COVERAGESXXXXXXXXX	Y ONE PERIOD. XXXX XXXX XXXX XXXX XXXX XXXX XXXX
INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, IN	

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EVICInsurance Companies POLICY NUMBER: 9X9-99-99 REPEAT THE APPROPRIATE FORMAT FOR EACH VEHICLE ... ITEM (SEVEN) (NINE) PREMIUM SUMMARY LIABILITY .. \$X , XXX , XXX .. XX LIABILITY (PD) . X,XXX,XXX.XX PIP X,XXX,XXX.XX ADDITIONAL PIP \times , $\times \times \times$, $\times \times \times$. $\times \times$ COMBINATION FIRST PARTY BENEFITS X,XXX,XXX.XX ACCIDENTAL DEATH BENEFITS X,XXX,XXX.XX BROADENED PIP . X,XXX,XXX.XX WORK LOSS COVERAGE X,XXX,XXX.XX X,XXX,XXX.XX OPTIONAL BASIC ECONOMIC LOSS MEDICAL PAYMENTS X,XXX,XXX.XX MEDICAL EXPENSE AND INCOME LOSS BENEFITS " X,XXX,XXX"XX UNINSURED MOTORISTS \times , $\times \times \times$, $\times \times \times$. $\times \times$ (INCLUDING UNDERINSURED MOTORISTS) UNINSURED MOTORISTS \times , $\times \times \times$, $\times \times \times$. $\times \times$ SUPPLEMENTARY* UNINSURED \times , $\times \times \times$, $\times \times \times$. $\times \times$ UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD INCLUDED UNINSURED AND UNDERINSURED X,XXX,XXX.XX MOTORISTS UNDERINSURED MOTORISTS BI \times , $\times \times$, $\times \times$... $\times \times$ UNDERINSURED MOTORISTS PD INCLUDED UNINSURED AND UNDERINSURED X, XXX, XXX. XXMOTORISTS PROPERTY DAMAGE COMPREHENSIVE X, XXX, XXX.XXSPECIFIED CAUSES OF LOSS COLLISION X, XXX, XXX.XXX, XXX, XXX.XXTOWING AND LABOR N.C.R.F. ASSESSMENT RECOUP X,XXX,XXX.XX X,XXX,XXX.XX MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT . X,XXX,XXX.XX VEHICLE ENDORSEMENTS LA. PREMIUM DISCOUNT . X,XXX,XXX.XX TEXAS PREMIUM DISCOUNT X,XXX,XXX.XX NY MOTOR VEHICLE LAW ENFORCEMENT FEE . X,XXX,XXX.XX TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX MN FIRE INS SURCHARGE . X,XXX,XXX.XX ..\$X,XXX,XXX..XX TOTAL PREMIUM FOR CHANGES .\$X,XXX,XXX.XX

> . X,XXX,XXX.XX LA PREMIUM DISCOUNT N.C.R.F. ASSESSMENT RECOUP . X,XXX,XXX.XX CA GUAR. ASSOC. RECOUP MIGA SURCHARGE . X,XXX,XXX.XX

TOTAL PREMIUM FOR CHANGES .\$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC., WITH ITS PERMISSION.

DATE OF ISSUE: MM/DD/YY

UND

COMMERCIAL AUTO DECLARATIONS

	ITEM TWO	POLICY NUMBER
☐ BUSINESS AUTO COVERAGE FORM		
☐ TRUCKERS COVERAGE FORM		
☐ MOTOR CARRIER COVERAGE FORM		
☐ GARAGE COVERAGE FORM		
Named Insured		

ITEM TWO

COVERAGE AND LIMITS OF INSURANCE

UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

The LIMIT OF INSURANCE for the coverages shown below is the LIMIT OF INSURANCE shown for the State where a covered "auto" is principally garaged. Refer to the specific coverage endorsement for the description of the coverage provided for each State listed below.

Coverage

UNINS	URED MOTORISTS LIMIT OF INSURA	NCE		
State	"Bodily Injury" and "Property Damage" Combined Single Limit	"Bodily Injury" Each "Accident"	"Bodily Injury" Each Person Each "Accident"	"Property Damage" Each "Accident"
		·		

UNDE	RINSURED MOTORISTS LIMIT OF INS	SURANCE		
(When	Underinsured Motorists is a separate	e Coverage)		
State	"Bodily Injury" and "Property	"Bodily Injury"	"Bodily Injury"	"Property Damage"
	Damage" Combined Single Limit	Each "Accident"	Each Person Each	Each "Accident"
			"Accident"	

CA7093 (4-08) Page 1 of 1

COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER: 9X9-99-99---YY

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM (MOTOR CARRIER)(GARAGE)

SUPPLEMENTARY SCHEDULE ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

THE LIMIT OF INSURANCE FOR THE COVERAGE SHOWN BELOW IS THE LIMIT OF INSUR-ANCE SHOWN FOR THE STATE WHERE A COVERED "AUTO" IS PRINCIPALLY GARAGED. REFER TO THE SPECIFIC COVERAGE ENDORSEMENT FOR THE DESCRIPTION OF THE COVERAGE PROVIDED FOR EACH STATE LISTED BELOW.

COVERAGE

UNINSURED MOTORISTS LIMIT OF INSURANCE

	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED SINGLE LIMIT	"BODILY INJURY" EACH "ACCIDENT"	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
(D) (D.1.18821E., 11.1.1.1			
ХХ	\$X,XXX,XXX	\$x,xxx,xxx	\$X,XXX,XXX	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$x,xxx,xxx	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx
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XX	\$X,XXX,XXX	\$X , XXX , XXX	\$X,XXX,XXX	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$x,xxx,xxx	\$X,XXX,XXX
XX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX	\$X,XXX,XXX

UNDERINSURED MOTORISTS LIMIT OF INSURANCE (WHEN UNDERINSURED MOTORISTS IS A SEPARATE COVERAGE)

	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED	"BODILY INJURY" EACH "ACCIDENT"	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
ST	SINGLE LIMIT			
ХХ	\$X,XXX,XXX	\$x,xxx,xxx	\$X,XXX,XXX	\$x,xxx,xxx
XX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$X,XXX,XXX
XX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx	\$x,xxx,xxx
XX	\$X,XXX,XXX	\$x,xxx,xxx	\$X,XXX,XXX	\$x,xxx,xxx

UND

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREJUDGMENT INTEREST

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

Section II — LIABILITY COVERAGE, COVERAGE EXTENSIONS, Supplementary Payments is amended by adding the following:

(7) Prejudgment interest awarded against the "insured" on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

SERFF Tracking Number: EMCC-125637705 State: Arkansas EFT \$50

First Filing Company: EMC Property & Casualty Company, ... State Tracking Number:

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number:

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125637705 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CA-2008-05

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number:

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-

Property & Casualty

Comments:

Attachment:

pctd.pdf

Review Status:

Satisfied -Name: Memorandum Approved 05/12/2008

Review Status:

05/12/2008

Approved

Comments: Attachment:

Memorandum.pdf

Review Status:

Satisfied -Name: Forms List Approved 05/12/2008

Comments: Attachment: forms list.pdf

Review Status:

Satisfied -Name: Marked up forms Approved 05/12/2008

Comments:

Attachments:

CA7000_200111_marked up.pdf

CA7000a_200110_marked up.pdf

CA7001_199312_marked up.pdf

CA7001a_199312_marked up.pdf

CA7010_200110_marked up.pdf

CA7010a_200110_marked up.pdf

CA7015_200110_marked up.pdf

CA7015a_200110_marked up.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. II	nsura	nce Department	Use only					
	Dept. Use Only	a. D	Date the filing is received:							
			b. Analyst:							
		<u> </u>								
				ive date of filing:						
				v Business						
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		f. S		Filing #:						
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				t Codes						
3.	Cuoun Name					Group NAIC #				
٥.	Group Name EMC Insurance Companies					062				
4				Domicile	NAIC#					
4.	Company Name(s) Employers Mutual Casualty Co	manari		A	NAIC # 21415	FEIN # 42-0234980				
	EMCASCO Insurance Compan			A	21413	42-6070764				
	Union Insurance Company of P	•		A	21423	05-0230479				
	EMC Property & Casualty Com			A	25186	63-0329091				
		- <u>r</u> <i>j</i>								
5	Company Tracking Number		AR-	CA_2008_05						
5.		0.00	- 15), and color	CA-2008-05						
Con	ntact Info of Filer(s) or Corpora		(s) [include toll-free num		o mail				
	ntact Info of Filer(s) or Corpora Name and address	Title	(s) [include toll-free num	FAX#	e-mail				
Con	ntact Info of Filer(s) or Corpora Name and address Jo L. Byers	Title Filings	(s) [include toll-free num Telephone #s 800-247-2128		Jo.L.Byers@EMCIns.				
Con	ntact Info of Filer(s) or Corpora Name and address Jo L. Byers P. 0. Box 712	Title	(s) [include toll-free num	FAX#					
Con	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306-	Title Filings	(s) [include toll-free num Telephone #s 800-247-2128	FAX#	Jo.L.Byers@EMCIns.				
Con	ntact Info of Filer(s) or Corpora Name and address Jo L. Byers P. 0. Box 712	Title Filings	(s) [include toll-free num Telephone #s 800-247-2128	FAX#	Jo.L.Byers@EMCIns.				
Con	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306-	Title Filings	(s) [include toll-free num Telephone #s 800-247-2128	FAX#	Jo.L.Byers@EMCIns.				
Con	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306-	Title Filings	(s) [include toll-free num Telephone #s 800-247-2128	FAX#	Jo.L.Byers@EMCIns.				
Con 6.	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306- 0712	Title Filings	(s) [Telephone #s 800-247-2128 ext. 2707	FAX # 515-345-2223	Jo.L.Byers@EMCIns.				
Con 6.	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306-0712 Signature of authorized filer	Title Filings Analyst	(s) [include toll-free num Telephone #s 800-247-2128	FAX # 515-345-2223	Jo.L.Byers@EMCIns.				
Con 6.	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306- 0712	Title Filings Analyst	(s) [Telephone #s 800-247-2128 ext. 2707	FAX # 515-345-2223	Jo.L.Byers@EMCIns.				
7. 8.	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306-0712 Signature of authorized filer	Title Filings Analyst	(s) [Telephone #s 800-247-2128 ext. 2707	FAX # 515-345-2223	Jo.L.Byers@EMCIns.				
7. 8.	Name and address Jo L. Byers P. 0. Box 712 Des Moines, IA 50306- 0712 Signature of authorized filer Please print name of authori	Title Filings Analyst	(s) [Telephone #s 800-247-2128 ext. 2707	FAX # 515-345-2223	Jo.L.Byers@EMCIns.				
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PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document---

	Troperty & Casua	any Transmittai Document
15.	Reference Filing?	☐ Yes ☐ No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	5/7/08
19.	Status of filing in domicile	Not Filed Pending Authorized Disapproved
20.	This filing transmittal is part of Company	Tracking # AR-CA-2008-05
21	Till D	
21.		eu of a cover letter or filing memorandum and is free-form text]
		any of Providence and EMC Property & Casualty Company. These panies group. We currently have the Commercial Auto program on
		Casualty Company and EMCASCO Insurance Company. These
	companies will be available for policies written	
		ased on the competitive market place and will allow us to compete
		rms and endorsements for this program will be applicable to Union
	EMC P&C. A listing of our currently filed form	
		schedules have been amended to include all state specific wording
		ated countrywide declarations and schedules, which will be
issue	• •	ling applicable in your state will be displayed when a policy is
		schedules to only display one policy Uninsured/Underinsured limit
		cle limit and per vehicle premium charge. The Uninsured and
		emiums will no longer be entered on individual vehicles. In addition,
		Uninsured and Underinsured variations. The coverages and the
		the text on the declarations. We have created a new declaration to
		l premium. CA7093 (4-08) and CA7093A (4-08) Commercial Auto
	arations, Item 2 are attached.	11) During demonstration of This and argument alonifies that
		O1) Prejudgment Interest. This endorsement clarifies that entary payments section of the policy. We believe that previously it
		d under the auto policy. There is no additional charge for this
	rage.	a and the date points. There is no additional shares for and
22.	Filing Fees (Filer must provide check # and f	
	If a state requires you to show how you calculate	ulated your filing fees, place that calculation below]
C	neck#: EFT	
1	mount: 50.00	
Ref	er to each state's checklist for additional	state specific requirements or instructions on calculating
fees		and a promise is a most working on entering
1	•	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # AR-CA-2008-05									
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)									
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state					
01	Commercial Auto Declarations Item 2	CA7093 (4-08)	✓ New☐ Replacement☐ Withdrawn							
02	Commercial Auto Declarations Item 2	CA7093A (4-08)	☑ New☐ Replacement☐ Withdrawn							
03	Prejudgment Interest	CA7313 (10-01)		,						
04	Commercial Auto Declarations	CA7000 (4-08)	☐ New☐ Replacement☐ Withdrawn	CA7000 (11-01)						
05	Commercial Auto Declarations	CA7000A (4-08)	☐ New ☐ Replacement ☐ Withdrawn	CA7000A (10- 01)	 					
06	Commercial Auto Declarations, Schedule of Covered Autos You Own	CA7001 (4-08)	☐ New ☐ Replacement ☐ Withdrawn	CA7001 (12-93)						
07	Commercial Auto Declarations, Item 3	CA7001A (4-08)	☐ New ☐ Replacement ☐ Withdrawn	CA7001A (12- 93)						
08	Garage Declarations	CA7010 (4-08)	 □ New ⋈ Replacement □ Withdrawn	CA7010 (10-01)						
09	Garage Coverage Form Declarations	CA7010A (4-08)	New⊠ ReplacementWithdrawn	CA7010A (10- 01)						
10	Garage Supplementary Schedule Items Nine and Seven	CA7015 (4-08)	New Replacement Withdrawn	CA7015 (10-01)						

PC FFS-1

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal	l is part of Company Tracl	ing#	AR-GL-20	08-05				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)								
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?		If replacement, give form # it replaces	Previous state filing number, if required by state			
01	Garage Items Nine and Seven	CA7015A (4-08)	☐ Wi	olacement thdrawn	CA7015A (10- 01)				
02			☐ Wi	olacement thdrawn					
03			Wi Wi	olacement thdrawn					
04			☐ Wi	placement thdrawn		-			
05			Wi Wi	placement thdrawn					
06			Wi Wi	placement thdrawn					
07			Wi Wi	placement thdrawn	,				
08			☐ Wi	placement thdrawn					
09			Wi Wi	placement thdrawn					
10				w placement thdrawn					

PC FFS-1

MEMORANDUM

New declarations

CA7093 (4-08) Commercial Auto Declarations Item 2 CA7093A (4-08) Commercial Auto Declarations Item 2

Developed to show the various states and limits for Uninsured and Underinsured Motorists Coverage

New endorsement

CA7313 (10-01) Prejudgment Interest

This endorsement clarifies that prejudgment interest is included under the supplementary payments section of the policy

Revised

CA7000 (4-08) Commercial Auto Declarations replaces CA7000 (11-01)

CA7000A (4-08) Commercial Auto Declarations replaces CA7000A (10-01)

CA7001 (4-08) Commercial Auto Declarations, Schedule of Covered Autos You Own replaces CA7001 (12-93)

CA7001A (4-08) Commercial Auto Declarations, Item 3 replaces CA7001A (12-93)

CA7010 (4-08) Garage Declarations replaces CA7010 (10-01)

CA7010A (4-08) Garage Coverage Form Declarations replaces CA7010A (10-01)

CA7015 (4-08) Garage Supplementary Schedule Items Nine and Seven replaces CA7015 (10-01)

CA7015A (4-08) Garage Items Nine and Seven replaces CA7015A (10-01)

State	Number	Editior LOB	Co	Current	Description	Eff Date	Appr Date	Special Action	Dept File#
^- -	CA7000	11-01-CA	Α	V	Commercial Auto Declarations	12/1/2003	11/17/2003	7	
AR -	-CA7000A	10-01 CA	~ ^	V	Commercial Auto Declarations	11/1/2001	- 9/20/2001		
AR	GA7001	12-93-CA	A	V	Declarations - Item3	12/1/1 996.	11/5/1996		
AR-	GA7001A	12-93 CA	Α	V	Declarations - Item 3 - automated	12/1/1996	11/5/1996		
AR	CA7002	10-01 CA	Α	V	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7002A	10-01 CA	Α	V	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7003	10-01 CA	Α	✓	Commercial Auto Declarations	11/1/2001	8/20/2001		
AR	CA7004	12-93 CA	Α	V	BAP/Truckers Dec - Items 6 & 7	12/1/1996	11/5/1996		
AR	CA7004A	12-93 CA	Α	V	BAP/Truckers Dec - Items 6 & 7 - auto	12/1/1996	11/5/1996		
AR	CA7005	12-93 CA	Α	V	Amending Sched of Covered Autos	12/1/1996	11/5/1996		
AR	CA7007	10-01 CA	Α	✓	Quick Ref-Comm'l Auto Cov Part, Bus Auto Co	11/1/2001	8/20/2001		
AR	CA7008	10-01 CA	Α	V	Quick Ref-Comm'l Auto Cov Part, Truckers Cov	11/1/2001	8/20/2001		
AR	CA7009	10-01 CA	Α	✓	Quick Ref-Comm'l Auto Cov Part, Motor Carrier	11/1/2001	8/20/2001		
AR.	CA7010	10-01 CA			Garage Coverage Form Declarations	11/1/2001	8/20/2001		
AR-	CA7010A	10-01 CA	Δ		Garage Coverage Form Declarations (automate	11/1/2001	8/20/2001		
AR	CA7011	10-01 CA	Α	V	Garage Supplementary Schedule, Items 3 & 4	11/1/2001	8/20/2001		
AR	CA7011A	10-01 CA	Α	~	Garage Declarations Dealers' Cov, Items 3 & 4	11/1/2001	8/20/2001		
AR	CA7012	02-88 CA	Α	V	Garage Dealers Supp Sched Items 5 & 6	7/1/1988	6/6/1988		
AR	CA7012.1A	09-94 CA	Α	V	Garage Declarations Dealers Cov-auto	10/15/2007	7/24/2007		AR-PC-07-025481
AR	CA7012A	01-87 CA	Α	~	Garage Dealers-Items 5 & 6-auto	1/1/1991	10/26/1990		
AR	CA7013	10-01 CA	Α	V	Gar Non-Dirs' & Trailer Dirs' Sup Sch Items 5 &	11/1/2001	8/20/2001		
AR	CA7013A	10-01 CA	Α	V	Gar Non-Dirs' & Trailer Dirs' Sup Sch, Items 5	11/1/2001	8/20/2001		
AR	CA7014	07-97 CA	Α	~	Garage Supp Sched-Items 8 & 9	12/1/1998	10/21/1998		
AR	CA7014A	10-01 CA	Α	V	Garage Decs-Dirs Coverage, Items 8 & 10(auto	11/1/2001	8/20/2001		
AR	CA7015	10-01 CA	A		Garage Sup Schedule, Items 7 & 10	11/1/2001	8/2 0/2001	•	
AR-	CAZ015A	10-01 CA			Garage Sup Scendule, Items 7 & 10 (automate	11/1/2001	8/20/2004		
AR	CA7016	04-05 CA	Α	V	Garage Supplementary Schedule-Items 7&9	1/1/2006	10/24/2005		
AR	CA7016A	04-05 CA	Α	V	Garage Supplementary Sched-Items 7&9(auto	1/1/2006	10/24/2005		
AR	CA7017A	12-90 CA	Α	<u> </u>	Gar-Dealers Supp Sched-Item 11-auto	9/1/1991	7/12/1991		
AR	CA7018	10-01 CA	Α	V	Quick Ref-Com'l Auto Coverge Part-Gar Cov F	11/1/2001	8/20/2001		

State	Number	Editior LOB	Co	Current	Description	Eff Date	Appr Date	Special Action	Dept File #
AR .	CA7201	08-99 CA	Α	•	Stated Amount of Insurance	8/15/1999	6/9/1999		
AR	CA7202	08-07 CA	Α	V	Voiding Ins While a Certain Person is Operatin	10/15/2007	8/16/2007		AR-PC-07-025798
٩R	CA7212	12-03 CA	Α	V	Officers, Employ and Agents Op Autos in the C	3/1/2004	1/13/2004		
٩R	CA7218	08-99 CA	Α	V	Waiver of Our Right To Recover From Others E	11/1/2001	8/20/2001		
٩R	CA7223	08-99 CA	Α	V	Phys Damage Ins Vol/Emp Pers Auto	8/15/1999	6/9/1999		
٩R	CA7225	08-99 CA	Α	V	Freezing Cov-Fire/Other Emer Vehicles	8/15/1999	6/9/1999		
٩R	CA7227	09-05 CA	Α	✓	Exclusion-Hazards Otherwise Insured	1/1/2006	10/24/2005		
٩R	CA7240	10-01 CA	Α	V	Additional Insured-Designated Person or Organ	11/1/2001	8/20/2001	······································	
٩R	CA7252	07-97 CA	Α	V	Add'l Insured - Grantor of Franchise	12/1/1998	10/21/1998		a distributiva da dispatata da da dispata na para para di distributi di para ngaga da di da mana di Ta
٩R	CA7257	08-99 CA	Α	V	Add'l Insured - Lessor of Leased Equip	8/15/1999	6/9/1999		
٩R	CA7266	07-97 CA	Α	✓	Designated Insured Endst	3/1/2008	2/6/2008		
٩R	CA7270	03-07 CA	Α	V	Commercial Auto Amendment	6/1/2007	4/12/2007		AR-PC-07-023861
٩R	CA7321	05-97 CA	Α	✓	Owner-Operaor Bobtail Coverage Sched	12/15/1997	10/15/1997		
٩R	CA7384	02-03 CA	Α	V	Asbestos Exclusion	12/1/2003	11/17/2003		
٩R	CA7392	12-05 CA	Α	✓	Blanket Waiver of Sub When Req in a Written	5/1/2006	3/22/2006		AR-PC-06-018572
٩R	CA7394	06-06 CA	Α	V	Add. Insured-Designated Person/ Organization-	1/1/2007	9/18/2006		AR-PC-06-021312
٩R	CA7397	09-07 CA	Α	✓	EMC Choice Equipment Dealers' Industry Exte	10/15/2007	7/24/2007		AR-PC-07-025481
٩R	CA7398	09-07 CA	Α	V	EMC Choice Garage Program Extension	10/15/2007	7/24/2007		AR-PC-07-025481
٩R	CA7400	09-07 CA	Α	V	Garage Enhancement Extension	10/15/2007	7/24/2007		AR-PC-07-025481
٩R	CA7401	06-07 CA	Α	V	Limited Pollution Coverage "Work Sites"	4/15/2008	3/4/2008		
٩R	CA7405	11-07 CA	Α	✓	Additional Locations Schedule	1/15/2008	11/15/2007		
١R	CA9937A	10-01 CA	Α	~	Garagekeepers Coverage Schedule	11/1/2001	8/20/2001		<u></u>
AR	CA9959A	02-99 CA	А	✓	Garagekeepers Cov-Cust Sound Rec Equip - a	10/1/2000	7/31/2000		

		CON	MMERCIAL AU	JTO DE	CLARATION	18	PRIOR POL. NO)
☐ BUSINESS AI☐ TRUCKERS (DRM			DOLLOY	T OL. IV	J.
☐ MOTOR CAR			ORM			POLICY NUMBER	₹	
ITEM ONE								
Policy Period	From:(12:01 /	AM Sta	andard Time at Yo	To: ur Mailing	Address Show	vn Below)		
Named Insured								
Mailing Address	-							
The Named Insu	red is 🛚 Indi	vidual	☐ Corporation	□ Partne	rship 🗆 Joint	Venture	□ Other	
In return for the pinsurance as state	-	•	m and subject to a	all terms of	this policy, we	agree with	you to pro	ovide the
Producer								
		F	EMC Insura	ance (Companie	es		
ΠEm	ıployers Mutua				•	a Fire Insur	ance Cor	nnanv
	ICASCO Insura							ce Company
			any of Providence			Property &		
		oopa	☐ Hamilton Mut				ououdity	
	(C	Coverag	ge Provided by the	e Compar	y Designated Í	x □ Above)		
			-	<u> </u>	· · ·			
PREMIUM FOR	R ENDORSEM	ENTS			\$			
*ESTIMATED T	OTAL PREMIL	JM			\$			
*This policy may	/ be subject to	final au	udit.					
Premium show	n is payable:	\$		at inc	eption.			
AUDIT PERIOD	(IF APPLICAE	BLE) [☐ ANNUALLY	□ SEMI-	ANNUALLY	□ QUAR	ΓERLY	☐ MONTHLY
ENDORSEMEN'	TS ATTACHE	т от о	HIS POLICY:					
	•		itions (IL 01 46 in Exclusion (Not Ap		• ,			

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
OPTIONAL BASIC ECONOMIC LOSS		<u>\$</u>	<u>\$</u>
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS (Including Underinsured Motorists)		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
UNINSURED AND UNDERINSURED MOTORISTS		<u>\$</u>	<u>\$</u>
UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE		\$ EACH ACCIDENT	<u>\$</u>
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS**		<u>\$</u>	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS	\$

	\$ DED. FOR EACH	
	COVERED AUTO FOR LOSS CAUSED	
	BY MISCHIEF OR VANDALISM.	
TRAILER INTERCHANGE	ACTUAL CASH VALUE, COST	
COLLISION COVERAGE	OF REPAIR, OR \$	
	WHICHEVER IS LESS, MINUS	
	\$ DED. FOR EACH	
	COVERED AUTO.	
PHYSICAL DAMAGE	ACTUAL CASH VALUE OR COST OF	
COMPREHENSIVE	REPAIR, WHICHEVER IS LESS,	
COVERAGE	MINUS \$ DED. FOR EACH	
0012.0102	COVERED AUTO, BUT NO	
	DEDUCTIBLE APPLIES TO LOSS	
	CAUSED BY FIRE OR LIGHTNING.	
	See ITEM FOUR For Hired Or Borrowed	
	"Autos".	
PHYSICAL DAMAGE	ACTUAL CASH VALUE OR COST OF	
SPECIFIED CAUSES OF	REPAIR, WHICHEVER IS LESS,	
LOSS COVERAGE	MINUS \$ DED. FOR EACH	
2000 00 12 10 102	COVERED AUTO FOR LOSS CAUSED	
	BY MISCHIEF OR VANDALISM. See	
	ITEM FOUR For Hired Or Borrowed	
	"Autos".	
PHYSICAL DAMAGE	ACTUAL CASH VALUE OR COST OF	
COLLISION COVERAGE	REPAIR, WHICHEVER IS LESS,	
	MINUS \$ DED. FOR EACH	
	COVERED AUTO. See ITEM FOUR For	
	Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE TOWING	See Schedule for limit for each	\$
AND LABOR	disablement of a private passenger auto.	
		\$
	NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE	<u>\$</u>
	AUTOMOBILE THEFT PREVENTION AUTHORITY FEE	<u>\$</u>
	(SEE ENCLOSED EXPLANATION)	
	PREMIUM FOR ENDORSEMENTS	\$
	*ESTIMATED TOTAL PREMIUM	\$

^{*}This policy may be subject to final audit.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "8" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

^{**}The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

9X99999 YY99

CA7000A 4-08 (10-0) MM/DD/YY UND ID

PAGE XX

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

son are required to the year of the son of	The state of the s
UNINSURED AND UNDER-	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
INSURED MOTORISTS PD UNDERINSURED MOTORISTS (WHEN NOT INCLUDED IN	
UNDERINS. MOTORISTS BI (WHEN NOT INCLUDED IN	XXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
UNDERINSURED MOTORISTS	PD see Endorsement
TRAILER INTER COMP.	XXXXXXXXXX \$\ \ \ \ \ \ \ \ \ \ \ \ \ \
TRAILER INTERCHANGE SPEC. CAUSES OF LOSS	XXXXXXXXXX SEE SCHEDULE FOR DED
TRAILER INTER COLL.	XXXXXXXXXXX \$X,XXX DEDUCTIBLE . X,XXX,XXX.XX
COMPREHENSIVE	XXXXXXXXXX SEE ITEM THREE FOR DED X,XXX,XXX.XX
	FOR ALL LOSS EXCEPT FIRE . OR LIGHTNING.
SPECIFIED CAUSES OF LOSS	XXXXXXXXXX SEE ITEM THREE FOR DED X,XXX,XXX.XX FOR LOSS CAUSED BY .
	MISCHIEF OR VANDALISM .
	XXXXXXXXXX SEE SCHEDULE FOR DED X,XXX,XXX.XX
TOWING AND LABOR	XXXXXXXXXX SEE SCHEDULE FOR LIMIT FOR. X,XXX,XXX.XX EACH DISABLEMENT OF A
	PRIVATE PASSENGER AUTO .
pp	REMIUM FOR ATTACHED ITEMS 4, 5, AND/OR 6. X,XXX,XXX.XX
	MOTOR VEHICLE LAW ENFORCEMENT FEE. X,XXX,XXX.XX
	PREMIUM FOR ENDORSEMENTS .\$x,xxx,xxx.xx
1	IICHIGAN CATASTROPHIC CLAIMS SURCHARGE . X,XXX,XXX.XX
	ESTIMATED POLICY PREMIUM.\$X,XXX,XXX.XX
	BALANCE TO MINIMUM .\$X,XXX,XXX.XX
	ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX
	TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX
	LA. PREMIUM DISCOUNT . X,XXX,XXX.XX
	KENTUCKY SURCHARGE . X,XXX,XXX.XX KENTUCKY MUNICIPAL TAX . X,XXX,XXX.XX N.C.R.F. ASSESSMENT RECOUP .031 . X,XXX,XXX.XX
	· CA GUAR. ASSOC. RECOUP X,XXX,XXX.XX MIGA SURCHARGE . X,XXX,XXX.XX

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC., WITH ITS PERMISSION.

DATE OF ISSUE: MM/DD/YY CA7000A 4-08 (10-61)

UND

ACCOUNT NAMEXXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY

POLICY NUMBER: 9X9-99-99---YY

VAUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX

(SEE ENCLOSED EXPLANATION)

MN AUTOMOBILE THEFT PREVENTION . X,XXX,XXX.XX FHCF EMERGENCY ASSESSMENT . X,XXX,XXX.XX

**ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY CLABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY

NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

**THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

FORMS APPLICABLE: ILOU21(11/85), XXXXXXX(XX/XX), XXXXXXX(XX/XX),

(XXXXXX, (XX/XX), XXXXXXX, (XX/XX), XXXXXXX, (XX/XX), XXXXXXX, (XX/XX) XXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXX(XX/XX),XXXXXX(XX/XX)

(xxxxxx(xx/xx), xxxxxxx(xx/xx), xxxxxxx(xx/xx), xxxxxxx(xx/xx), xxxxxxx(xx/xx)

REFER TO PRIOR DISTRIBUTION(S) FOR ANY FORMS NOT ATTACHED.

INCLUDES COPYRIGHTED MATERIAL OF ISO PROPERTIES, INC., WITH ITS PERMISSION.

UND

PRIOR POL NO: XXX-XX-XX

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM (MOTOR CARRIER) * POLICY NUMBER * POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY * 9 X 9 - 9 9 - 9 9---88 * ITEM ONE: PRODUCER: NAMED INSURED: NAME LINE 1XXXXXXXXXXXXXXXXXXXX CITYXXXXXXXXXXXXXXXXXX, ST. XXXXZIPXXX AGENT NAME: XXXXXXXXXXXXXXXXX DIRECT (AGENCY) BILL ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE COMMERCIAL AUTO COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. COVERAGES COVERED AUTOS LIMITS/DEDUCTIBLES .PREMIUM XXXXXXXXXXX \$XX,XXX,XXX . \$X , XXX , XXX .. XX LIABILITY BODILY INJURY LIABILITY XXXXXXXXXX \$XX,XXX,XXX EACH PERSON .\$X,XXX,XXX.XX \$XX,XXX,XXX EACH ACCIDENT. \$XX,XXX (BI) DEDUCTIBLE . PROPERTY DAMAGE LIAB. XXXXXXXXXXX \$XX,XXX,XXX EACH ACCIDENT.\$X,XXX,XXX \$XX,XXX PD DEDUCTIBLE . . X , XXX , XXX . XX XXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX
XXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX
XXXXXXXXXXX \$XX,XXX,XXX . X,XXX.XXX DEATH BENEFITS XXXXXXXXXX SEE ENDORSEMENT TOTAL DISABILITY UNINSURED MOTORISTS UNINSURED MOTORISTS BI XXXXXXXXXXX \$XX,XXX,X,XX EACH PERSON . X,XXX,XXX.XX \$XX,XXX,XXX EACH ACCIDENT. XXXXXXXXXX SEE ENDORSEMENT UNINSURED MOTORISTS PD . X,XXX,XXX.XX UNDERINSURED MOTORISTS XXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX XXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX UNDERINS. MOTORISTS BI \$X,XXX,XXX EACH ACCIDENT . UNDERING, MOTORISTS PD XXXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.). TRAILER INTER COMP. XXXXXXXXXX . X , XXX , XXX . XX TRAILER INTERCHANGE XXXXXXXXXXX SEE SCHEDULE FOR DED. . X,XXX,XXX.XX SPEC. CAUSES OF LOSS TRAILER INTER COLL. XXXXXXXXXX \$X,XXX DEDUCTIBLE . X,XXX,XXX XX COMPREHENSIVE . XXXXXXXXXX SEE ITEM THREE FOR DED. . X,XXX,XXX.XX FOR ALL LOSS EXCEPT FIRE

CA7000A 10-01

OR LIGHTNING.

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SPECIFIED CAUSES
OF LOSS
COLLISION
TOWING AND LABOR

XXXXXXXXXXXXXXX SEE SCHEDULE FOR LOSS CAUSED. X,XXX,XXX.XX

BY MISCHIEF OR VANDALISM .

XXXXXXXXXXX SEE SCHEDULE FOR DED. . X,XXX,XXX.XX

XXXXXXXXXX SEE SCHEDULE FOR LIMIT FOR. X,XXX,XXX.XX

EACH DISABLEMENT OF A .

PRIVATE PASSENGER AUTO .

PREMIUM FOR ATTACHED ITEMS 4, 5, AND/OR 6. X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS .\$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS SURCHARGE . X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM. \$X, XXX, XXX.XX

BALANCE TO MINIMUM .\$X,XXX,XXX

ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX

LA. PREMIUM DISCOUNT . X,XXX,XXX.XX

KENTUCKY SURCHARGE . X,XXX,XXX.XX

KENTUCKY MUNICIPAL TAX . X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP .031 . X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. . X,XXX,XXX.XX

MIGA SURCHARGE . X,XXX,XXX.XX

AUTOMOBILE THEFT PREVENTION AUTHORITY FEE . X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION . X,XXX,XXX.XX

FHOF EMERGENCY ASSESSMENT . X,XXX,XXX.XX

- MY FIRE ING SURCHARGE . X,XXX,XXX.XX

*ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

THE ABOVE PREMIUM IS AFFECTED BY A MULTIPLE POLICY DISCOUNT. (GMLY PRINT IF APPL

REFER TO PRIOR DISTRIBUTION(S) FOR ANY FORMS NOT ATTACHED.

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DATE OF ISSUE: MM/DD/YY

CA7000A 10-01 MM/DD/YY UND ID 9X99999 YY99

COMMERCIAL AUTO DECLARATIONS ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Business Auto Coverage Form

_Truckers Coverage Form

_ MotorCarrier Coverage Form

Named Insured___

DOL 101/11/11/15/ED		
POLICY NUMBER:		
FULICT NUMBER.		

		DESCRIPTION			PURCHASED				TERF	RITORY	
Covered Auto No.	Year, M Serial Nu	odel, Trade Nam umber (S) Vehicl Number (VII	e Identification		iginal st New		ctual Cost & / (N) USED (Covered A	te Where The Auto Will Be ly Garaged	
1				\$	\$ \$						
2				\$		\$					
3				\$		\$					
4				\$		\$					
5				\$		\$					
		CLASSIFICATION									
Covered Auto No.	Of Use GCW Or Vehicle Seating		Age Group	Fact	ng tor	Secondary Rating Factor	C o d e	Towing, A Damag	EPT For All Physical e Loss Is e To You		
		r=retail c=commercial	Capacity		Liab.	Phy. Dam.			And T Payee Na As Inter Appear A	he Loss med Below rests May At the Time e Loss.	
1											
2											
3											
4											
5											
Covered Auto No.		or limit entr	PREMIUMS, LIM y in any column the correspondin	below r	neans th	nat the	limit or dec	luct	ible entry	е	
	LI	ABILITY	PERSONA PROTE	AL INJU	L INJURY ADDED P.I.P. F			PI	PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Prei	mium	Ea P.	it Stated In ch Added I.P. End. remium	E	mit Stated In P.P.I. nd. Minus eductible own Below	Premium	
1	\$	\$	\$	\$		\$		\$		\$	
2	\$	\$	\$	\$		\$		\$		\$	
3	\$	\$	\$	\$		\$		\$		\$	
4	\$	\$	\$	\$		\$		\$		\$	
5	\$	\$	\$	\$		\$		\$		\$	
Total Premium		\$		\$		\$				\$	

_

Covered Auto No.	or minitially in any contains about mount and and an area area.						e
	AUTO MEDICA	AL PAYMENTS		UNINSURED/UNDERINSURED MOTORISTS			TARY RINSURED S*
	Limit Premium		Limit Premium		<u>Limit</u>		Premium
1	\$	\$					
2	\$	\$					
3	\$	\$					
4	\$	\$					
5	\$	\$					
Total Premium		\$					
Covered Auto No.	COVI	r limit entry in an	y column below m	DEDUCTIBLES (A eans that the limit WO column applie	or deductib	a deductibl ble entry	e
	<u>OPTIONA</u>	L BASIC ECONO	MIC LOSS	COMPREHENSIVE			
	<u>Limit</u>		<u>Premium</u>	Limit Stated Amour Stated Ir ITEM TW Minus Deductible Show	<u>)</u> <u>0</u>	Ded.	\$ Premium
1	<u>\$</u>	<u>\$</u>		\$			
2	<u>\$</u>	<u>\$</u>		\$			
3	<u>\$</u>	<u>\$</u>		\$			
4	<u>\$</u>	<u>\$</u>		\$			
5	<u>\$</u>	<u>\$</u>		\$			
Total Premium		<u>\$</u>					

^{*}The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

POLICY NUMBER:	
----------------	--

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.								ole	
	SPECI	FIED CA	USES O	F LOSS		COLLISION			
	Ded. Limit Stated ITEM TWO Minus Deductible Show	<u> </u>		Premium	Limit Stated Amou Stated ITEM TV Minus Deductible Sho	Int only In WO	Ded.	\$ Premium	
1	\$				\$				
2	\$				\$				
3	\$				\$				
4	\$				\$				
5	\$				\$				
Total Premium									
Covered Auto No.		r limit en	try in an	IUMS, LIMITS AND y column below n responding ITEM	eans that the lim	it or deduc	tible entry	ole	
	TOWING	& LABOR	1		•		•		
	Limit Per Disablement	Pren	nium						
1	\$	\$	·					·	
2	\$	\$		\$	\$	\$	\$		
3	\$	\$		\$	\$	\$	\$		
4	\$	\$		\$	\$	\$	\$		
5	\$	\$		\$	\$	\$	\$		
Total Premium		\$			\$		\$		

\$XX,XXX EACH PERSON Income Loss Benefits \$XX,XXX EACH PERSON

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EXTRAORDINARY MEDICAL BENEFITS COVERAGE

TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE

PREMIUM SUMMARY (EXCLUDING VEHICLE ENDORSEMENTS)

WAIVER OF COLLISION DEDUCTIBLE

N.C.R.F. ASSESSMENT RECOUP

SOUTH CAROLINA RECOUPMENT

REPEAT THE ABOVE FOR EACH VEHICLE

MN FIRE INS SURCHARGE

LIABILITY

BODILY INJURY

PROPERTY DAMAGE

MISCELLANEOUS VEHICLE ENDORSEMENTS

TOTAL VEHICLE PREMIUM

`X,XXX,XXX.XX

X,XXX,XXX.XX X,XXX,XXX.XX

X,XXX,XXX.XX

 \times , $\times \times \times$, $\times \times \times$. $\times \times$

X, XXX, XXX.XX

. X,XXX,XXX.XX

. X,XXX,XXX.XX

.. \$X , XXX , XXX .. XX

..\$X,XXX,XXX.XX

. X,XXX,XXX.XX . X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

DATE OF ISSUE: MM/DD/YY

COMMERCIAL AUTO DECLARATIONS - (BUSINESS AUTO)(TRUCKERS) COVERAGE FORM

(MOTOR CARRIER)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

LIMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS) LIABILITY \$X,XXX,XXX \$X,XXX,XXX EACH PERSON BODILY INJURY LIABILITY \$X,XXX,XXX EACH ACCIDENT PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT MEDICAL PAYMENTS UNINSURED MOTORISTS 5x,xxx,xxx each person JULIANTED MOTORISTS AT - \$X XXX XXX EACH ACCIDENT UNINSURED MOTORISTS PD \$X,XXX,XXX EACH ACCIDENT UNDERINSURED MOTORISTS -UNDERING. MOTORISTS PI -SX,XXX,XXX EACH PERSON-\$X,XXX,XXX EACH ACCIDENI

\$X,XXX,XXX EACH ACCIDENT

LOC XXX 123456789012345678901234567890 123456789012345678901234567890 12345678901234567890123456789012345

.\$X,XXX,XXX.XX \$X,XXX,XXX LIABILITY BODILY INJURY LIABILITY \$X,XXX,XXX EACH PERSON . \$X , XXX , XXX . XX \$X,XXX,XXX EACH ACCIDENT PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT .. \$X , XXX , XXX .. XX PIP XXXXX DED . X,XXX,XXX.XX ADDL PIP " X ' XXX ' XXX " XX XXXXX DED

PPI XXXXX DED . X,XXX,XXX.XX
BASIC REPARATIONS BENEFITS . X,XXX,XXX.XX
MEDICAL PAYMENTS . X,XXX,XXX.XX

UNINSURED MOTORISTS . X,XXX,XXX.XX UNINSURED MOTORISTS BI - \$X,XXX,XXX EACH PERSON . X,XXX,XXX.XX

SX,XXX,XXX EACH ACCIDENT ... X,XXX,XXX UNDERINSURED MOTORISTS ### \$X,XXX,XXX EACH ACCIDENT ... X,XXX,XXX EACH ACCIDENT ... X,XXX X,XXX EAC

UNDERING MOTORISTS BY #X,XXX,XXX EACH PERSON . X,XXX,XXX XXX SX,XXX,XXX EACH ACCIDENT .

UNDERINS. MOTORISTS PD \$X,XXX,XXX EACH ACCIDENT . X,XXX,XXX.XX

UNDERINS. MOTORISTS PD

COVERAGE NAME & MISC INFORMATION

"\$X,XXX,XXX"XX

PIP " X,XXX,XXX.XX ADDL PIP . X,XXX,XXX.XX PPI . X,XXX,XXX.XX BASIC REPARATIONS BENEFITS X,XXX,XXX.XX MEDICAL PAYMENTS .. X,XXX,XXX.XX UNINSURED MOTORISTS . X,XXX,XXX.XX UNINSURED MOTORISTS PD . X,XXX,XXX.XX UNDERINSURED MOTORISTS * X,XXX,XXX.XX COMPREHENSIVE "X,XXX,XXX"XX SPECIFIED CAUSES OF LOSS "X,XXX,XXX"XX COLLISION . X,XXX,XXX.XX TOWING AND LABOR . X,XXX,XXX.XX MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE . X,XXX,XXX.XX N.C.R.F. ASSESSMENT RECOUP . X,XXX,XXX.XX SOUTH CAROLINA RECOUPMENT . X,XXX,XXX.XX " X,XXX,XXX"XX VEHICLE ENDORSEMENTS TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX LA. PREMIUM DISCOUNT . X,XXX,XXX.XX TEXAS AUTO THEFT ASSESSMENT . X,XXX,XXX.XX

TOTAL .\$X,XXX,XXX.XX

100 com 100 mil 100 1101 com 110 mil 100 mil 100 mil 100

PREMIUM FOR CHANGES .. \$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .\$X,XXX,XXX.XX
SOUTH CAROLINA RECOUP .\$X,XXX,XXX.XX
CA GUAR. ASSOC. RECOUP .\$X,XXX,XXX.XX
KENTUCKY SURCHARGE .\$X,XXX,XXX.XX
KENTUCKY MUNICIPAL TAX .\$X,XXX,XXX.XX
MIGA SURCHARGE .\$X,XXX,XXX.XX
TEXAS PREMIUM DISCOUNT .\$X,XXX,XXX.XX
LA. PREMIUM DISCOUNT .\$X,XXX,XXX.XX
TEXAS AUTO THEFT ASSESSMENT .\$X,XXX,XXX.XX

TOTAL PREMIUM FOR CHANGES .\$X,XXX,XXX.XX

)MPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXX POLICY NUMBER:	9X9-99-99YY
	DATE: MM/DD/YY
COMPREHENSIVE XXXXXXX XXXXX DED	. x,xxx,xxx.x
STATED AMOUNT - SEE FORM XXXXXXXXXXXX	39
SPEC. CAUSES OF LOSS XXX XXXXXXX XXXXX DED	. X,XXX,XXX.X
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXX	B
COLLISION (BROAD/LIM) XXXXXX XXXXXX DED STATED AMOUNT - SEE FORM XXXXXXXXXXXXX	X , XXX , XXX . X >
TOWING AND LABOR \$XXX LIMIT EACH DISABLEMENT	" ×,×××,×××
VEHICLE ENDORSEMENTS: SOUND RECEIVING AND TRANSMITTING FOUTPMENT	
SOUND RECEIVING AND TRANSMITTING EQUIPMENT TAPES AND RECORDS	. X , XXX , XXX . X> . X , XXX , XXX . X>
RENTAL REIMBURSEMENT	. X,XXX,XXX.X
EXTRAORDINARY MEDICAL BENEFITS COVERAGE	. X,XXX,XXX.XX
WAIVER OF COLLISION DEDUCTIBLE	. X,XXX,XXX.XX
MISCELLANEOUS VEHICLE ENDORSEMENTS	. X,XXX,XXX.XX
N.C.R.F. ASSESSMENT RECOUP	. x,xxx,xxx.x
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION SURCHARGE	. x,xxx,xxx.x
SOUTH CAROLINA RECOUPMENT	. X,XXX,XXX.X
TEXAS AUTO THEFT ASSESSMENT	. X , XXX , XXX . XX
TOTAL VEHICLE PREMIUM	. \$X , XXX , XXX . X>

for his her has Not other	mpra dimin	200 100 200 8 6 8000	processors proc	2111 J. 112 E. E.	1 1199 1 1 W 75 1 P**
KEPEHI	I Hilt:	HROAF.	F OR	EACH	VEHICLE

****	1989 1994 1984 1884 1884 1884 1895 1894 1895	4 (410 man hay) have man)	tota data rata ther	1840 PRO 1940 1440 1440 1440 1440	MIN 1800 1000 1000 1000 1000 1000 1000 100
	PREMIUM SUMMARY	(EXCLUDING	VEHICLE	ENDORSEMENTS)	IS
	LIABILITY				. \$× , ××× , ××× . ××
	YAUCHI YAIGOE				" X,XXX,XXX,XX
	PROPERTY DAMAGE				. X . XXX . XXX . XX

ID

GARAGE DECLARATIONS

	PRIOR POL. NO.	
POLICY NUMBER	R	

ITEM ONE						
Policy Period From: (12:0	1 AM S	Standard Time at Y	_To: our Mailino	g Address Sho	wn Below)	
Named Insured						
Mailing Address						
The Named Insured is □ I	ndividu	al Corporation	□ Partne	ership 🗆 Join	t Venture ☐ Other _	
In return for the payment of insurance as stated in this payment.		remium and subjec	ct to all te	rms of this po	licy, we agree with y	ou to provide the
Producer						
		EMC Insur	rance (Compani	es	
☐ Employers Mu ☐ EMCASCO Ins ☐ Union Insurand	urance e Com		ıtual Insura	☐ Illinois ☐ EMC ance Company		e Company
PREMIUM FOR ENDORS	EMENT			\$		
*ESTIMATED TOTAL PREI	MUIN			\$		
*This policy may be subject	to final	audit.				
Premium shown is payable	: \$		at inc	ception.		
AUDIT PERIOD (IF APPLICABLE)		☐ ANNUALLY	□ SEMI	-ANNUALLY	□ QUARTERLY	☐ MONTHLY
ENDORSEMENTS ATTACH IL 00 17 – Common Pol IL 00 21 – Broad Form	icy Co	nditions (IL 01 46				

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)		LIMIT		PREMIUM
			Accident" arage	Aggregate – "Garage	\$
			rations"	Operations"	
LIABILITY		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
		\$	\$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)			Y STATED IN E. RSEMENT MINU DED.		\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATEL P.I.P. ENDOR	Y STATED IN E. RSEMENT.	ACH ADDED	\$
PROPERTY PROTECTION INSURANCE (Michigan only)			Y STATED IN T RSEMENT MINU DED. FOR EA		\$
OPTIONAL BASIC ECONOMIC LOSS		<u>\$</u>			<u>\$</u>
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		EXPENSE AI ENDORSEM MEDICAL EXBENEFITS INCOME LOS BENEFITS	<u>(PENSE</u> \$ E. SS		\$
UNINSURED AND UNDERINSURED MOTORISTS		\$			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$			\$

SCHEDULE OF COVERAGES AND COVERED AUTOS

SUPPLEMENTARY UNINSURED/UNDERINSURED	<u>\$</u>	<u>\$</u>
MOTORISTS** GARAGEKEEPERS COMPREHENSIVE COVERAGE	\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR	\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE	\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT	\$
GARAGEKEEPERS COLLISION COVERAGE	\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE COLLISION COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	\$
PHYSICAL DAMAGE TOWING AND LABOR (Non-Dealers Only)	See Schedule for limit for each disablement of a private passenger auto.	\$
	W YORK MOTOR VEHICLE LAW ENFORCEMENT FEE	\$
	ON AUTHORITY FEE(SEE ENCLOSED EXPLANATION)	\$
	PREMIUM FOR ENDORSEMENTS	\$
I	I ILLINIONI I OIL ENDONOLINEIVIO	Ψ

^{*}This policy may be subject to final audit.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

^{**}The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

GARAGE COVERAGE FORM DECLARATIONS A man man was and man man man and and and and are are to a man are man and man and all the POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY * POLICY NUMBER * * 9 X 9 - 9 9 - 9 9---99 * ITEM ONE: PRODUCER: NAMED INSURED: NAME LINE 1XXXXXXXXXXXXXXXXXXX NAME LINE 1XXXXXXXXXXXXXXXXX NAME LINE 2XXXXXXXXXXXXXXX NAME LINE 3XXXXXXXXXXXXXXXX AGENT PHONE: (999)999-9999 AGENCY (DIRECT) BILL XXXXXXXXX X XXXXXXXXXXX ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS". COVERED AUTOS LIMITS/DEDUCTIBLES .PREMIUM COVERAGES XXXXXXXXXXX EACH "ACCIDENT" ___\$X_,XXX_,XXX_&XX LIABILITY "GARAGE OPERATIONS" \$XX,XXX,XXX "AUTO" ONLY \$XX,XXX,XXX OTHER THAN "AUTO" GNLY \$XX,XXX,XXX AGGREGATE 'GARAGE OPERATIONS' OTHER THAN "AUTO" ONLY \$XX,XXX BI DEDUCTIBLE \$XX,XXX PD DEDUCTIBLE MEDICAL EXPENSE AND SEPARATELY STATED IN EACH. X,XXX,XXX.XX MEDICAL EXPENSE & INCOME . INCOME LOSS BENEFITS LOSS BENEFITS ENDORSEMENT. TEDICAL EXPENSE BENEFITS . SXX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON PERSONAL INJURY PROT. XXXXXXXXXX SEE ENDORSEMENT
ADDED PERS. INJ. PROT XXXXXXXXXX SEE ENDORSEMENT
BROADENED PIP XXXXXXXXXX SEE ENDORSEMENT . . X,XXX,XXX.XX . X,XXX,XXX.XX . x,xxx,xxx.xx XXXXXXXXXXX \$X,XXX DEDUCTIBLE PROPERTY PROTECTION . x,xxx,xxx.xx OPTIONAL BASIC ECONOMIC LOSS XXXXXXXXXXX \$XX,XXX,XXX . X,XXX,XXX.XX MEDICAL PAYMENTS INS. XXXXXXXXXXX \$XX,XXX
DEATH BENEFITS XXXXXXXXXX SEE ENDORSEMENT
TOTAL DISABILITY XXXXXXXXXX SEE ENDORSEMENT. _ . X , XXX , XXX . XX . X,XXX,XXX.XX _ . X , XXX , XXX . XX

EMCInsurance Companies

movem vv		
- FROE. AA - AAMDAUV KAMEVVVVVVVVVV	/VVVVVVVVVVVVVV	XXXXXXXX POLICY NUMBER: 9X9-99-99
		F. DATE: MM/DD/YY EXP, DATE: MM/DD/YY
HUUUUNH NEHEAAAAAAAAA	AAAAAAAA EEF	L. TANTER THIS DRY LT. SEVEN THISE FILIS THIS DRY LT.
UNINSURED MOJORISIS	XXXXXXXXXXX	SEE ENDORSEMENT CA7093A . X,XXX,XXX.XX
(INCL. UNDERINGURED		And an anti-anti-anti-anti-anti-anti-anti-anti-
MOTORIGIE		
UNINSURED MOTORISTS	XXXXXXXXXXX	\$xx,xxx,xxx
UNINSURED MOTORISTS BI	XXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
		\$XX,XXX,XXX EACH ACCIDENT.
SUPPLEME <u>NTARY*</u> *	XXXXXXXXXXX	\$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
UNINSURED/UNDERINSURED		\$XX,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX
MOTORISTS	Mdbeld:	
UNINSURED AND UNDER-	XXXXXXXXXXX	\$XX,XXX,XXX
insured motorists	Residence of the second section of the second second second second second section section section section second	
MINISURED MOTORISTS PD		SEE ENDORSEMENT . X,XXX,XXX.XX
UNINSURED AND UNDER-	XXXXXXXXXXX	\$XX,XXX,XXX EACH ACCIDENT. X,XXX,XXX.XX
INSURED MOTORISTS PD	Amenga and and all control control and an analysis and a fact that the fact of the control and an analysis analysis and an analysis and an analysis and an analysis and an ana	
UNDERINSURED MOTORISTS	XXXXXXXXXXX	\$XX,XXX,XXX
(WHEN NOT INCLUDED IN I		
UNDERINS. MOTORISTS BI		\$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX
(WHEN NOT INCLUDED IN		\$X,XXX,XXX EACH ACCIDENT .
UNDERINSURED MOTORISTS	etropolisti trattotiki.	10
ALC 200 200 200 ACC 200 10 1 2 200 10 10 100 100 100 100 10		\$X,XXX,XXX EACH ACCIDENT . X,XXX,XXX.XX
GARAGEKEEPERS INSURANC		to the state of th
COMPREHENSIVE SPECIFIED CAUSES	XXXXXXXXXXX	SEE ITEM FOUR (ATTACHED), X,XXX,XXX
SPECIFIED UNUSES	XXXXXXXXXX	SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX
OF LOSS COLLISION		SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX
COTTIDION	************	SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX
PHYCTAST BOMOST COSTRO		OR COST OF REPAIR, WHICHEVER
		FOR EACH COVERED AUTO.).
is those Hinds	TTIEL AMELIANA LA DILLE	1) FOR EMON COVERED MOTOLY
COMPREHENSIVE	YYYYYYYYYY	SEE ITEM XXXXX FOR DED X,XXX,XXX.XX
SANATE INDUSTRIBUTED VILL	- WWWWWWWWW	FOR ALL LOSS EXCEPT FIRE .
		OR LIGHTNING.
SPECIFIED CAUSES	XXXXXXXXXXXX	SEE ITEM XXXXX FOR DED X,XXX,XXX.XX
OF LOSS		FOR LOSS CAUSED BY .
		MISCHIEF OR VANDALISM.
COLLISION	XXXXXXXXXXX	SEE SCHEDULE FOR DED X,XXX,XXX.XX
TOWING AND LABOR		SEE SCHEDULE FOR LIMIT .
		FOR EACH DISABLEMENT OF A.
		many mataza an manang an an an mataza an mangantan manang an ang ang ang 11

PRIVATE PASSENGER "AUTO" .

PAGE XX

PREMIUM FOR ITEM 6 .\$X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS . \$X,XXX,XXX

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT .\$X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM .\$X,XXX,XXX.XX

NY MOTOR VEHICLE LAW ENFORCEMENT FEE .\$X,XXX,XXX.XX

BALANCE TO MINIMUM .\$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 .\$X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. .\$X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION .\$X,XXX,XXX

TX AUTOMOBILE THEF<u>t prevention authority fee .\$x,xxx,xxx</u>.xx

(SEE ENCLOSED EXPLANATION)

THOF EMERGENCY ASSESSMENT . \$x,xxx,xxx.xx

*ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

DEPOSIT PREMIUM .\$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

**THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS, REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM LENDORSEMENT.

NOTICE: COLLISION COVERAGE FOR RENTAL VEHICLES MAY BE PROVIDED. AN "28" IN THE COVERED AUTOS COLUMN INDICATES COVERAGE IS PROVIDED. REFER TO YOUR POLICY FOR DETAILS.

FORMS APPLICABLE: XXXXXX(XX/XX),XXXXXX(XX/XX),XXXXXX(XX/XX),XXXXXXX(XX/XX)

XXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXXX(XX/XX)

XXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXXX(XX/XX),XXXXXXX(XX/XX)

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OF LOSS

PHYSICAL DAMAGE (ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS THE DEDUCTIBLE, FOR EACH COVERED AUTO.).

COMPREHENSIVE XXXXXXXXXX SEE ITEM XXXXX FOR DED. . X,XXX,XXX.XX

FOR ALL LOSS EXCEPT FIRE .

OR LIGHTNING.

SPECIFIED CAUSES XXXXXXXXXX \$X,XXX DED. FOR LOSS . X,XXX,XXX.XX

CAUSED BY MISCHIEF OR

VANDALISM.

COLLISION XXXXXXXXXX SEE SCHEDULE FOR DED. . X,XXX,XXX.XX

TOWING AND LABOR XXXXXXXXXX SEE SCHEDULE FOR LIMIT

FOR EACH DISABLEMENT OF A. PRIVATE PASSENGER "AUTO".

PREMIUM FOR ITEM 6 .\$X,XXX,XXX.XX

PREMIUM FOR ENDORSEMENTS .\$X,XXX,XXX.XX

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT .\$X,XXX,XXX.XX

ESTIMATED POLICY PREMIUM .\$X,XXX,XXX.XX

BALANCE TO MINIMUM .\$X,XXX,XXX.XX

ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

N.C.R.F. ASSESSMENT RECOUP .031 .\$X,XXX,XXX.XX

CA GUAR. ASSOC. RECOUP. .\$X,XXX,XXX.XX

MN AUTOMOBILE THEFT PREVENTION .\$X,XXX,XXX.XX

FHOF EMERGENCY ASSESSMENT .\$X,XXX,XXX.XX

THE THE SURCHARGE SX,XXX,XXX,XXX

*ESTIMATED TOTAL POLICY PREMIUM .\$X,XXX,XXX.XX

DEPOSIT PREMIUM .\$X,XXX,XXX.XX

*THIS POLICY MAY BE SUBJECT TO FINAL AUDIT.

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PRIOR POL NO: XXX-XX-XX

XXXTRANSACTIONXXX GARAGE COVERAGE FORM DECLARATIONS . The same was seen one can see can same seen one was considered the same can same can considered the same can Ar POLICY PERIOD: FROM MM/DD/YY TO MM/DD/YY * POLICY NUMBER * * 9 X 9 - 9 9 - 9 9---99 * ITEM ONE: PRODUCER: NAMED INSURED: NAME LINE 1XXXXXXXXXXXXXXXXX NAME LINE LXXXXXXXXXXXXXXXXXXXX AGENT PHONE: (999)999-9999 AGENCY (DIRECT) BILL ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS EACH OF THESE COVERAGES WILL APPLY ONLY TO THOSE "AUTOS" SHOWN AS COVERED "AUTOS". "AUTOS" ARE SHOWN AS COVERED "AUTOS" FOR A PARTICULAR COVERAGE BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO SECTION OF THE GARAGE COVERAGE FORM NEXT TO THE NAME OF THE COVERAGE. ENTRY OF A SYMBOL NEXT TO LIABILITY PROVIDES COVERAGE FOR "GARAGE OPERATIONS". COVERAGES COVERED AUTOS LIMITS/DEDUCTIBLES "PREMIUM XXXXXXXXXXX EACH "ACCIDENT" LIABILITY .\$X,XXX,XXX.XX "GARAGE OPERATIONS" \$XX,XXX,XXX "AUTO" ONLY \$XX,XXX,XXX OTHER THAN "AUTO" ONLY \$XX,XXX,XXX AGGREGATE 'GARAGE OPERATIONS' OTHER THAN "AUTO" ONLY \$XX,XXX BI DEDUCTIBLE \$XX,XXX PD DEDUCTIBLE PERSONAL INJURY PROT. XXXXXXXXXXX SEE ENDORSEMENT _ . X , XXX , XXX . XX ADDED PERS. INJ. PROT XXXXXXXXXXX SEE ENDORSEMENT XXXXXXXXX SEE ENDORSEMENT ...X,XXX,XXX.XX BROADENED PIP XXXXXXXXXX \$X,XXX DEDUCTIBLE PROPERTY PROTECTION . x , xxx , xxx . xx XXXXXXXXXXX \$XX,XXX MEDICAL PAYMENTS INS. XXXXXXXXXX SEE ENDORSEMENT DEATH BENEFITS . X,XXX,XXX.XX TOTAL DISABILITY XXXXXXXXXX SEE ENDORSEMENT . . x,xxx,xxx.xx UNINSURED MOTORISTS XXXXXXXXXXX \$XX,XXX,XXX .. ×,×××,×××.×× UNINSURED MOTORISTS BI XXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX \$XX,XXX,XXX EACH ACCIDENT. XXXXXXXXXX SEE ENDORSEMENT . X,XXX,XXX.XX UNINSURED MOTORISTS PD

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XXXXXXXXXX \$XX,XXX,XXX

XXXXXXXXXX \$XX,XXX,XXX EACH PERSON . X,XXX,XXX.XX

\$x,xxx,xxx EACH ACCIDENT .

XXXXXXXXXX SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX

XXXXXXXXXX SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX

XXXXXXXXXX SEE ITEM FOUR (ATTACHED). X,XXX,XXX.XX

DATE OF ISSUE: MM/DD/YY

UNDERINSURED MOTORISTS

UNDERINS, MOTORISTS BI

GARAGEKEEPERS INSURANCE COMPREHENSIVE

SPECIFIED CAUSES

OF LOSS

CA7010A 10-01

COLLISION

(CONTINUED) UND

MM/DD/YY

ID.

. X,XXX,XXX.XX

 $\mathsf{X}\mathsf{X}$

GARAGE SUPPLEMENTARY SCHEDULE

	ITEM NINE (Schedule of Covered Autos which are furnished to someone other than a Class I or II Operator or which are	POLICY NUMBER
	insured on a specialized car basis. S' AND TRAILER DEALERS' — ITEM SEVEN	
Named Insured		

ITEM SEVEN

SCHEDULE OF COVERED AUTOS YOU OWN

		DESCRIPTION	ON			PURC	HASED		TERRITORY
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Orig Cost		Actua Cost & NEW (I USED (& N)	Town & State Where The Covered Auto Will Be Principally Garaged
1				\$			\$		
2				\$			\$		
3				\$			\$		
4				\$			\$		
5				\$			\$		
			CLASSIFIC	ATION	l				
	Radius Of Operation	Business Use	Size GVW, GCW Or Vehicle Seating	Age Grou	n R	imary ating actor	Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable
Covered Auto No.		s=service r=retail c=commercial	Capacity		Liab	Dam.			To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
1									
2									
3									
4									
5									

	COVE	ERAGES - PRI	EMIUMS, LIMIT	S AND DEDU	CTIBLES (Abs	ence of a dedu	ıctible	
0	or limit entry in any column below means that the limit or deductible entry in the							
Covered		corresponding ITEM TWO column applies instead.)						
Auto No.	LIABILITY PERSONAL INJURY ADDED PROPERTY P					PROTECTION		
	LIAB	ILII Y	PROTECTION		P.I.P.	(Michigan Only)		
	Limit	Premium	Limit Stated	Premium	Limit Stated	Limit Stated	Premium	
			In Each		In Each	In P.P.I.		
			P.I.P. End. Added P.I.P. End. Minus					
			Minus		End.	Deductible		
			Deductible		Premium	Shown		
			Shown			Below		
			Below					
1	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	
Total		\$		\$	\$		\$	
Premium								

	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible						
	or li	•	column below me			entry	
Covered	in the corresponding ITEM TWO column applies instead.)						
Auto No.	AUTO MEDICA	AL PAYMENTS	<u>UNINSURED</u>	MOTORISTS	<u>UNDERINSURI</u>	ED MOTORISTS	
	Limit	Premium	MEDICAL	EXPENSE AND	INCOME LOSS I	BENEFITS	
				(Virgin	ia Only)		
			<u>Limit</u>	Premium	<u>Limit</u>	Premium	
			Limited Stated In Each Med. Premium				
			Exp. And Inc. I	Loss Ben. End.			
			For Eacl	h Person			
1	\$	\$	<mark>\$</mark>	<mark>\$</mark>	<mark>\$</mark>	<mark>\$</mark>	
2	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	
4	\$	\$	<u>\$</u>	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	
Total		\$		<mark>\$</mark>		\$	
Premium							

	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible					
Covered	or limit entry in any column below means that the limit or deductible entry					
Auto No.	in the	corresponding ITEM	TWO column applies instea	<u>ad.)</u>		
	UNINSURED & UNDERING	UNINSURED & UNDERINSURED MOTORISTS				
<u>1</u>						
<u>2</u>						
<u>3</u>						
<u>4</u>						
<u>5</u>						
<u>Total</u>						
<u>Premium</u>						

	COVEDA	GES – PREMIUM	E LIMITE AND F	EDITOTIBLES //	hoones of		
	a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies inst						
	or deddelible	COMPREHENSIV			USES OF LOSS		
Covered Auto No.	Limit	Limit Stated In	_	Limit Stated In			
	Stated Amount Only	ITEM TWO Minus Deductible	Premium	ITEM TWO Minus Deductible	Premium		
1	\$	\$ Shown Below	\$	Shown Below \$	\$		
2	\$	\$ \$	\$	\$	\$		
3	\$	\$ \$		\$	\$		
			\$				
4	\$ \$	\$ \$	\$	\$	\$		
5	\$	\$	\$	\$	\$ \$		
Total Premium			\$		\$		
Premium	00\/504	<u> </u>	 	EDITOTIBLES (4	1		
	a deducti	ble or limit entry i entry in the corres COLLISION	n any column be	elow means that 「WO column app	the limit or		
Covered	Limit	Limit Stated In	TOWNING & EABOR				
Auto No.	Stated	ITEM TWO	Premium	Limit Per			
	Amount Only	Minus Deductible Shown Below	Fremium	Disablement	Premium		
1	Amount	Deductible	\$	Disablement \$	Premium \$		
1 2	Amount Only	Deductible Shown Below					
	Amount Only	Deductible Shown Below \$	\$	\$	\$		
2	Amount Only \$	Deductible Shown Below	\$	\$	\$		
2	Amount Only \$ \$	Deductible Shown Below \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$		
2 3 4	Amount Only \$ \$ \$	Deductible Shown Below \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$		
2 3 4 5 Total	Amount Only \$ \$ \$ \$ Person or organized	Deductible Shown Below \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ \$ \$ urnished (Do		
2 3 4 5 Total Premium	Amount Only \$ \$ \$ \$ Person or organot include Co	Deductible Shown Below \$ \$ \$ \$ anization to which	\$ \$ \$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ \$ \$ urnished (Do		
2 3 4 5 Total Premium	Amount Only \$ \$ \$ \$ Person or organot include Co	Deductible Shown Below \$ \$ \$ \$ anization to which	\$ \$ \$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ \$ \$ urnished (Do		
2 3 4 5 Total Premium Covered Auto No.	Amount Only \$ \$ \$ \$ Person or organot include Co	Deductible Shown Below \$ \$ \$ \$ anization to which	\$ \$ \$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ \$ \$ urnished (Do		
2 3 4 5 Total Premium Covered Auto No. 1 2	Amount Only \$ \$ \$ \$ Person or organot include Co	Deductible Shown Below \$ \$ \$ \$ anization to which	\$ \$ \$ \$ \$ \$ \$ the Covered "A	\$ \$ \$ \$ \$ Auto" has been f	\$ \$ \$ \$ \$ \$ urnished (Do		

EMCInsurance Companies

**GARAGE DECLARATIONS - DEALERS'

NON-DEALERS' AND TRAILER DEALERS' COVERAGE FORM**
ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO
SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH
ARE INSURED ON A SPECIFIED CAR BASIS

ITEM SEVEN - SCHEDULE OF COVERED AUTOS YOU OWN

IMITS OF INSURANCE (ONLY PRINT HERE ON ENDORSEMENTS) LIABILITY \$X,XXX,XXX BODILY INJURY LIABILITY \$X,XXX,XXX EACH PERSON \$X,XXX,XXX EACH ACCIDENT PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT MEDICAL PAYMENTS MEDICAL EXPENSE AND SEPARATELY STATED IN EACH INCOME LOSS BENEFITS MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX.XXX EACH PERSON UNINSURED MOTORISTS (INCLUDING UNDERINSURED Pele MOTORISTS) UNINSURED MOTORISTS BI UNINSURED MOTORISTS BI AND PD SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI UNINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS UNDERINSURED MOTORISTS BI UNDERINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE VEHICLE DESCRIPTION / COVERAGE . PREMIUM LOC: XXX ADDRESS LINE 1XXXXXXXXXXXXXX ADDRESS LINE 2XXXXXXXXXXXXXXXX VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX. YEAR MAKEXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567. COST NEW: XXXXXXX AGE: X RADIUS: XXXXXXXXXXX USE: XXXXXXXXXX. \$X,XXX,XXX \$X,XXX,XXX EACH PERSON LIABILITY -\$X,XXX,XXX - .. \$\ X , XXX , XXX .. XX BODILY INJURY LIABILITY __ X , XXX , XXX ... XX \$X,XXX,XXX EACH ACCIDENT _ . X , XXX , XXX . XX PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT . X,XXX,XXX.XX - . X , XXX , XXX . XX XXXXX DED FIRST PARTY BENEFITS . X,XXX,XXX.XX XXXXX DED BASIC REPARATIONS CEC XXXXX _ " X , XXX , XXX " XX ADDED PIP ADDED FIRST PARTY BEN. .. X , XXX , XXX .. XX ADDED REPARATION BENEFITS . X,XXX,XXX.XX

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BROADENED PIP

。 X,XXX,XXX。XX

(CONTINUED)

PAGE XX	surance Companies
COMPANY NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
BROADENED FIRST PARTY BEN. BROADENED REPARATION BENEFITS COMB. FIRST PARTY BEN. ACCIDENTAL DEATH BEN. WORK LOSS COVERAGE PPI XXXXX DED OPTIONAL BASIC ECONOMIC \$X XXX.XX	. X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX
MEDICAL PAYMENTS MEDICAL EXPENSE AND SEPARATELY STATED IN EACH INCOME LOSS BENEFITS MEDICAL EXPENSE & INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$XX,XXX EACH PERSON INCOME LOSS BENEFITS \$XX,XXX EACH PERSON	. X,XXX,XXX.XX . X,XXX,XXX.XX
UNINSURED MOTORISTS (INCLUDING UNDERINSURED MOTORISTS)	INCLUDED
UNINSURED MOTORISTS SUPPLEMENTARY* UNINSURED UNDERINSURED MOTORISTS BI	. INCLUDED
UNINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS	. INCLUDED . INCLUDED
UNDERINSURED MOTORISTS BI UNDERINSURED MOTORISTS PD UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE	. INCLUDED . INCLUDED . INCLUDED
COMPREHENSIVE ACV XXXXX DED COMPREHENSIVE XXXXXX XXXXX DED STATED AMOUNT - SEE FORM XXXXXXXXXXXXXX	. X,XXX,XXX.XX . X,XXX,XXX.XX
SPEC. CAUSES OF LOSS XXX XXXXXX XXXXX DED STATED AMOUNT - SEE FORM XXXXXXXXXXXX COLLISION ACV XXXXX DED COLLISION (BROADENED) ACV XXXXX DED COLLISION (LIMITED) ACV XXXXX DED COLLISION XXXXXX XXXXX DED	. X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX . X,XXX,XXX.XX
STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	. \$X,XXX,XXX.XX
COLLISION (LIMITED) XXXXXXX XXXXXX DED STATED AMOUNT - SEE FORM XXXXXXXXXXXXXX TOWING AND LABOR \$XXX LIMIT PER DISABLEMENT VEHICLE ENDORSEMENTS:	. ×,×××,×××.××
WAIVER OF COLLISION DEDUCTIBLE SOUND RECEIVING AND TRANSMITTING EQUIPMENT TAPES AND RECORDS RENTAL REIMBURSEMENT COVERAGE MAXIMUM PAYMENT	"
ANY ONE DAY NO. OF DAYS ANY ONE PERIOT COMPREHENSIVE XXX XXX XXX XXXX XXXX XXXX XXXX XXXX)
PROPERTY DAMAGE BUYBACK LEASING OR RENTAL CONCERNS OTHER COVERAGESXXXXXXXXXX	. X,XXX,XXX.XX . X,XXX,XXX.XX
CA7015A 4-08 (WODD/YY UND I	(CONTINUED) ID XX

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COLLISION

XXX

LEASING OR RENTAL CONCERNS

OTHER COVERAGESXXXXXXXXXX

TOTAL VEHICLE PREMIUM

XXXX

X,XXX,XXX**,**XX

X,XXX,XXX.XX

X,XXX,XXX.XX

POLICY NUMBER: 9X9-99-99

REPEAT THE APPROPRIATE FORMAT FOR EACH VEHICLE ITEM (SEVEN) (NINE) PREMIUM SUMMARY LIABILITY .. \$X , XXX , XXX .. XX LIABILITY (PD) . X,XXX,XXX.XX PIP X,XXX,XXX.XX ADDITIONAL PIP X,XXX,XXX.XX COMBINATION FIRST PARTY BENEFITS . X,XXX,XXX.XX ACCIDENTAL DEATH BENEFITS . X,XXX,XXX.XX BROADENED PIP . X,XXX,XXX.XX · X,XXX,XXX.XX WORK LOSS COVERAGE OPTIONAL BASIC ECONOMIC LOSS ., X,XXX,XXX..XX MEDICAL PAYMENTS . X,XXX,XXX.XX MEDICAL EXPENSE AND INCOME LOSS BENEFITS UNINSURED MOTORISTS (INCLUDING UNDERINGURED MOTORISTS) UNINSURED MOTORISTS .. X,XXX,XXX.XX SUPPLEMENTARY* UNINSURED X, XXX, XXXUNDERINGURED MOTORISTS BI UNINSURED MOTORISTS PD INCLUDED UNINS<u>ured and underin</u>sured X, XXX, XXX, XXMOTORISTS UNDERINSURED MOTORISTS BI . X,XXX,XXX.XX UNDERINSURED MOTORISTS PD_ . INCLUDED UNINSURED AND UNDERINSURED X, XXX, XXX, XXMOTORISTS PROPERTY DAMAGE COMPREHENSIVE SPECIFIED CAUSES OF LOSS X,XXX,XXX.XX COLLISION X,XXX,XXX.XX TOWING AND LABOR . X , XXX , XXX . XX N.C.R.F. ASSESSMENT RECOUP X,XXX,XXX.XX MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT . X,XXX,XXX.XX VEHICLE ENDORSEMENTS . X,XXX,XXX.XX LA. PREMIUM DISCOUNT . X,XXX,XXX.XX TEXAS PREMIUM DISCOUNT . X,XXX,XXX.XX NY MOTOR VEHICLE LAW ENFORCEMENT FEE ...X,XXX,XXX.XX TX AUTOMOBILE THEFT PREVENTION AUTHORITY FEE Str. consist hid was probable and international conference of the MN FIRE INS SURCHARGE . X,XXX,XXX.XX TOTAL. . \$X,XXX,XXX.XX PREMIUM FOR CHANGES .. \$X , XXX , XXX .. XX . X,XXX,XXX.XX LA PREMIUM DISCOUNT N.C.R.F. ASSESSMENT RECOUP - " X 'XXX 'XXX "XX CA GUAR. ASSOC. RECOUP . X,XXX,XXX.XX MIGA SURCHARGE . X,XXX,XXX.XX TOTAL PREMIUM FOR CHANGES .\$X,XXX,XXX.XX

*THE MAXIMUM AMOUNT PAYABLE UNDER SUM COVERAGE SHALL BE THE POLICY'S SUM LIMITS REDUCED AND THUS OFFSET BY MOTOR VEHICLE BODILY INJURY LIABILITY INSURANCE POLICY OR BOND PAYMENTS RECEIVED FROM, OR ON BEHALF OF, ANY NEGLIGENT PARTY INVOLVED IN THE ACCIDENT, AS SPECIFIED IN THE SUM ENDORSEMENT.

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**GARAGE DECLARATIONS - DEALERS'

DATE OF ISSUE: MM/DD/YY

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NON-DEALERS' AND TRAILER DEALERS' COVERAGE FORM**

ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO

SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH

ARE INSURED ON A SPECIFIED CAR BASIS

ITEM SEVEN - SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE DESCRIPTION / COVERAGE LOC: XXX ADDRESS LINE 1XXXXXXXXXXXXXX ADDRESS LINE 2XXXXXXXXXXXXXXX VEH NO XXX TERR: XXX (9 MOS RATING BASIS) SPECIAL INT: XX,XX. YEAR MAKEXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567. COST NEW: XXXXXXX AGE: X RADIUS: XXXXXXXXXXX USE: XXXXXXXXXX ZONE: XXXXX. \$X,XXX,XXX ..\$X,XXX,XXX.XX LIABILITY BODILY INJURY LIABILITY \$X,XXX,XXX EACH PERSON " X,XXX,XXX"XX \$X,XXX,XXX EACH ACCIDENT . X,XXX,XXX.XX PROPERTY DAMAGE LIAB. \$X,XXX,XXX EACH ACCIDENT __ X , XXX , XXX . XX XXXXX DED . X,XXX,XXX.XX XXXXX DED X,XXX,XXX.XX FIRST PARTY BENEFITS BASIC REPARATIONS XXXXX DED X,XXX,XXX.XX .. X,XXX,XXX.XX ADDED PIP . X,XXX,XXX.XX ADDED FIRST PARTY BEN. X,XXX,XXX.XX ADDED REPARATION BENEFITS X,XXX,XXX.XX BROADENED PIP BROADENED FIRST PARTY BEN. . X,XXX,XXX.XX BROADENED REPARATION BENEFITS X,XXX,XXX.XX X,XXX,XXX.XX COMB. FIRST PARTY BEN. X,XXX,XXX.XX ACCIDENTAL DEATH BEN. WORK LOSS COVERAGE . X,XXX,XXX.XX XXXXX DED . X,XXX,XXX.XX PPI MEDICAL PAYMENTS XXXXX , X,XXX,XXX,XX UNINSURED MOTORISTS UNINGURED HOTORISTS HI -\$X,XXX,XXX EFCH PERSON , -- Sangara da Andrewaya ka Badan a Sandan Sandan \$X,XXX,XXX EACH ACCIDENT UNINSURED MOTORISTS PD INCLUDED - UNINGURED MOTORISTS PD " XXXXXXX"XX UNDERTHSURED-MOTORISTS \$X-XXX-XXX ...X,XXX,XXX..XX UNDERTHEURED MOTORISTS -\$X,XXX,XXX -INCLUDED UNDERINS. MOTORISTS BI X,XXX,XXX SX,XXXXXX ENCHACCIDENT . X,XXX,XXX.XX \$X,XXX,XXX EACH PERSON-UNDERTHS MOTORISTS BE INCLUDED \$X,XXX,XXX FROUIDENT ACV . X,XXX,XXX.XX COMPREHENSIVE XXXXX DED COMPREHENSIVE XXXXXX XXXXX DED \times , $\times \times \times$, $\times \times \times$... $\times \times$ STATED AMOUNT - SEE FORM XXXXXXXXXXXXX SPEC. CAUSES OF LOSS XXX XXXXXX XXXXX DED . X,XXX,XXX.XX STATED AMOUNT - SEE FORM XXXXXXXXXXXXX .. X , XXX , XXX .. XX ACV XXXXX DED . X,XXX,XXX.XX COLLISION COLLISION (BROADENED) ACV _ _ X , XXX , XXX . XX XXXXX DED COLLISION (LIMITED) ACV XXXXX DED ... X , XXX , XXX .. XX XXXXXX XXXXX DED . X,XXX,XXX.XX COLLISION STATED AMOUNT - SEE FORM XXXXXXXXXXXXXXXX

MM/DD/YY

UND:

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ACCOUNT NAMEXXXXXXXXXXXXXXXXX EFF. DATE: MM/DD/YY EXP. DATE: MM/DD/YY
      COLLISION (BROADENED) XXXXXX XXXX DED
                                                              ...$X,XXX,XXX..XX
        STATED AMOUNT - SEE FORM XXXXXXXXXXXX
      COLLISION (LIMITED) XXXXXX XXXX DED
                                                               . X,XXX,XXX.XX
        STATED AMOUNT - SEE FORM XXXXXXXXXXXX
      TOWING AND LABOR
                                $XXX LIMIT EACH DISABLEMENT . X,XXX,XXX.XX
      VEHICLE ENDORSEMENTS:
        WAIVER OF COLLISION DEDUCTIBLE
                                                             - . X , XXX , XXX . XX
        SOUND RECEIVING AND TRANSMITTING EQUIPMENT
                                                              __ X , XXX , XXX .. XX
        TAPES AND RECORDS
                                                              _ . X , XXX , XXX . XX
        RENTAL REIMBURSEMENT
        EXTRAORDINARY MEDICAL BENEFITS COVERAGE
                                                              _ . _ X , XXX , XXX . XX
        PROPERTY DAMAGE BUYBACK
                                                              _, X,XXX,XXX,XX
        LEASING OR RENTAL CONCERNS
                                                                X,XXX,XXX.XX
                                                                X,XXX,XXX.XX
        OTHER COVERAGESXXXXXXXXX
                                                              . X,XXX,XXX.XX
      N.C.R.F. ASSESSMENT RECOUP
      MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT
                                                               . X,XXX,XXX.XX
                                     TOTAL VEHICLE PREMIUM . X,XXX,XXX.XX
VEH NO XXX TERR, XXX
                                            SPECIAL INT: XX,XX.
YEAR MAKEXXXXXXX MODELXXXXX TYPEXXXXXX ID NO 12345678901234567.
PERSONAL AUTO SYMBOL: XX AGE: X CLASS: XXXXXXXXXX
      LIABILITY
                                $X,XXX,XXX
                                                              __$X_,XXX,XXX_XX
                                $x,xxx,xxx EACH PERSON
      BODILY INJURY LIABILITY
                                                              . X,XXX,XXX.XX
                               $X,XXX,XXX EACH ACCIDENT
$X,XXX,XXX EACH ACCIDENT
XXXXX DED
                                                              _ _ X , XXX , XXX . XX
      PROPERTY DAMAGE LIAB.
                                                              . X,XXX,XXX.XX
      PIP
                                                              _, X,XXX,XXX,XX
                               XXXXX
                                                             - . · X , XXX , XXX . XX
      MEDICAL PAYMENTS
      UNINSURED MOTORISTS
                                                                X, XXX, XXX.XX
                                $X,XXX,XXX
      UNINSURED MOTORISTS PD
                                                              . X,XXX,XXX.XX
      UNDERINSURED MOTORISTS
                               -$X,XXX,XXX
                                                                    INCLUDED
                                                         ACV
XXXXXX
      COMPREHENSIVE
                                          XXXXX DED
                                          XXXXX DED
      COMPREHENSIVE
        STATED AMOUNT - SEE FORM XXXXXXXXXXXXXX
      SPEC. CAUSES OF LOSS XXX ACV XXXXX DED SPEC. CAUSES OF LOSS XXX XXXXXX XXXXX DED
                                                               " X,XXX,XXX"XX
                                                                \times , \times \times \times , \times \times \times . \times \times
        STATED AMOUNT - SEE FORM XXXXXXXXXXXXX
                            ACV XXXXX DED XXXXXX DED
      COLLISION
                                                              . X,XXX,XXX.XX
                           ACV
      COLLISION
                                                               .. ×,×××,×××.××
        STATED AMOUNT - SEE FORM XXXXXXXXXXXXX
                                                              . X,XXX,XXX.XX
      TOWING AND LABOR SXXX LIMIT EACH DISABLEMENT . X,XXX,XXX.XX
      VEHICLE ENDORSEMENTS:
        SOUND RECEIVING AND TRANSMITTING EQUIPMENT
                                                              .. X,XXX,XXX.XX
        TAPES AND RECORDS
                                                               ... × , ××× , ××× .. ××
        RENTAL REIMBURSEMENT
                                                               . X,XXX,XXX.XX
                                                               . X,XXX,XXX.XX
        LEASING OR RENTAL CONCERNS
                                                              .. X,XXX,XXX.XX
        OTHER COVERAGESXXXXXXXXXX
                                       TOTAL VEHICLE PREMIUM . X,XXX,XXX.XX
REPEAT THE APPROPRIATE FORMAT FOR EACH VEHICLE
 ITEM (SEVEN) (NINE) PREMIUM SUMMARY
           LIABILITY
                                                               ..$X,XXX,XXX.XX
           LIABILITY (PD)
                                                               " X,XXX,XXX"XX
                                                               . X,XXX,XXX.XX
           PTP
           ADDITIONAL PIP
                                                               . X,XXX,XXX.XX
           BROADENED PIP
                                                               * X,XXX,XXX * XX
DATE OF ISSUE: MM/DD/YY
                                                               (CONTINUED)
```

MMZDDZYY

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XX

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> COMBINATION FIRST PARTY BENEFITS ..\$X,XXX,XXX.XX ACCIDENTAL DEATH BENEFITS . X,XXX,XXX.XX WORK LOSS COVERAGE \times , \times \times , \times \times MEDICAL PAYMENTS X, XXX, XXX, XXUNINSURED MOTORISTS X, XXX, XXX.XXUNINSURED MOTORISTS PD X, XXX, XXX, XXUNINSURED MOTORISTS PD INCLUDED UNDERINSÜRED MOTORISTS RJ \times , $\times \times \times$, $\times \times \times$... $\times \times$ UNDERINGURED MOTORISTS PD INCLUDED COMPREHENSIVE \times , \times SPECIFIED CAUSES OF LOSS X,XXX,XXX.XX COLLISION X,XXX,XXX.XX TOWING AND LABOR X, XXX, XXX.XXN.C.R.F. ASSESSMENT RECOUP X, XXX, XXX.XXMICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT VEHICLE ENDORSEMENTS X,XXX,XXX.XX LA. PREMIUM DISCOUNT X, XXX, XXX.XXTEXAS PREMIUM DISCOUNT X,XXX,XXX.XX MN FIRE INS SURCHARGE . X,XXX,XXX.XX TOTAL ..\$X,XXX,XXX.XX PREMIUM FOR CHANGES .. \$X , XXX , XXX .. XX LA PREMIUM DISCOUNT -X,XXX,XXX.XX N.C.R.F. ASSESSMENT RECOUP \times , $\times \times$, $\times \times \times$

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CA GUAR. ASSOC. RECOUP

TOTAL PREMIUM FOR CHANGES

MIGA SURCHARGE

X, XXX, XXX.XX

. X,XXX,XXX.XX

...\$X,XXX,XXX..XX